

Postgraduate Study: The Journey for Registered Nurses

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Abstract

Background

Postgraduate education is gaining momentum in NZ as registered nurses choose this pathway to advance their nursing careers. A postgraduate qualification is also required for registered nurses working in expanded practice roles and Nurse Practitioners to meet Nursing Council New Zealand competencies. Registered nurses participate in postgraduate study while working. Those who are employed by NZ District Health Boards, who meet the criteria, may be eligible for Health Workforce NZ funding. However, for various reasons registered nurses are forced to self-fund their postgraduate study. A literature review identified a gap in the NZ nursing literature regarding the registered nurses experience of the postgraduate journey. This study goes some way to address this gap.

Method

A qualitative descriptive methodology was used to describe and explore the postgraduate journeys of RNs. Using a purposeful sampling, twelve registered nurses were interviewed. A thematic analysis of the transcribed interviews was undertaken to identify key themes.

Findings

The study's findings identified the challenges these nurses experienced, juggling their study/work/family obligations to commit to postgraduate study. They spoke of sacrificing time with friends and family, sacrificing annual leave when study leave was not forthcoming, or having to negotiate with employer to continue their postgraduate study and being unprepared for the pressures of the academic environment. Relying heavily on family and

colleagues for support, they navigated successful completion of their postgraduate study, acknowledging the achievements and gains from postgraduate study.

Conclusion

Findings from this study reflect findings from similar studies in Australia, United Kingdom and Ireland, indicating that registered nurses continue to experience the same issues and challenges to achieve a postgraduate education. Given the push from within the profession for registered nurses to complete postgraduate education, nurse educators, nurse employers and policy developers must engage with nurses to improve the postgraduate study experience for registered nurses.

Key to Extracts from Transcriptions

The following is the key to the abbreviations used within the transcripts and also used in the presentation of results.

[] Information added or used to clarify context or meaning

(í) Words, phrases, or sentences edited out

í Pause present within the interview or transcription

Italics Indicates participants' quoted interview

Abbreviations used

APN - Advanced Practice Nurse

CNS - Clinical Nurse Specialist

DHB ó District Health Board

HWNZ - Health Workforce New Zealand

ICN - International Council of Nurses

MoH ó Ministry of Health

NCNZ - Nursing Council New Zealand

NP - Nurse Practitioners

PG ó Post graduate

PGS ó Post graduate study

PRE ó Post registration education

RN ó Registered Nurse

RNFSA - Registered Nurse First Surgical Assistant

*“For us who nurse, ... unless ... we are making progress every
year, every month, every week, ...we are going back.
The more experience we gain, the more progress we can
make.” – Florence Nightingale, 1872*

Chapter 1 – Introduction

1.1 Introduction

Increasingly, nurses are participating in post registration education (PRE) to achieve postgraduate (PG) qualifications, such as PG certificates, diplomas, and Master's degrees (Cotterill-Walker, 2012; Pelletier, Donoghue & Duffield, 2005). Nursing Council New Zealand (NCNZ) statistics show 38% of nurses registered in New Zealand (NZ) has gained a post-registration qualification (NCNZ, 2015, p41). The main reasons identified by nurses for their participation in PG education are technological advances, increased professional accountability, increased patient acuity and specialised nursing practice (Hughes, 2005; Levett-Jones, 2005; Pelletier, et al., 2003; Pelletier et al. 2005; Whyte, Lugton & Fawcett, 2000). Advocates of PG education for Registered nurses (RN) state that it advances nursing practice through increased confidence enabling better decision making and enhancing nursing knowledge and skills (Black & Bonner, 2011; Cotterill-Walker, 2012; Levett-Jones, 2005; Johnson & Copnell, 2002; Whyte et al, 2000).

Politics has a pivotal role in the advancement of nursing with key stakeholders able to facilitate or impede development in nursing advances, as has been seen in the development of the advanced nursing roles internationally (Schober & Affara, 2006). These developments are evident in the regulation of the nursing profession, the licensing of nurses and the advancement of nurse education and nursing roles. Prior to the advent of PG education RNs worked in expanded practice roles which had developed over time on the job. RNs who worked in senior roles were considered experts and gained new knowledge and skills by attending in-house education sessions provided by employers (Schober & Affara, 2006). Governments worldwide

have identified the nursing workforce as playing a vital role in meeting the provision of future healthcare delivery (Schober & Affara, 2006). With a shift towards a greater emphasis on primary health service delivery (Rafferty, 2000; Ministry of Health [MoH], 2009; Schober & Affra, 2006), nurses have gained opportunities to advance their professional identity and to work in advanced roles independently and collaboratively in multiple settings (Schober & Affara, 2006, p13).

Postgraduate education has also become an avenue for RNs to define career pathways, to practice with more autonomy, extend their scope of practice within a nursing specialty and to pursue advanced practice roles as nursing practice becomes more diverse (Cotterill-Walker, 2012; Dunn et al. 2000; Ministry of Health [MoH], 2009; Pelletier et al, 2005). Expanded practice roles and scopes for advanced nursing practice have been developed out of necessity to help meet the health care needs of world populations. The International Council of Nurses (ICN) states RNs in Nurse Practitioner (NP) and Advanced Practice Nurse (APN) roles are expected to practice with greater autonomy, to demonstrate an expert knowledge base in their area of specialty, demonstrate complex decision-making and leadership skills, and maintain clinical competence for expanded scope of practice (ICN 2002, Schober & Affara, 2006). Therefore, this level of nursing practice requires an advanced level of educational preparation underpinned by the country-specific regulations with entry level recommendation being a master's degree (ICN, 2004).

In NZ the need to expand the scope of nursing practice was identified in a Ministerial Taskforce on Nursing Report released in 1998. This report identified a number of recommendations including access to funding for NP services; support of nursing research; removal of barriers to PG nurse education; expanded scope of nursing practice and issues of relevance to Maori (Ministerial Taskforce on Nursing,

1998). Changes made to the Medicines Act by the Ministry of Health (MoH) allowed appropriately qualified nurses to be included along with other health professionals in prescribing medications previously only allowed by medical practitioners. This report laid the foundation for PG nurse education and provision of funding for nurses who met the funding criteria. These expanded roles now include Nurse Practitioner with/without prescribing rights, Gerontology Nurse Specialist in Primary Care, Diabetes Nurse Specialist, Registered Nurse First Surgical Assistant (RNFSA), RN Physician Assistant, and RN colposcopists (Health Workforce New Zealand [HWNZ], 2012). In 2016 a PG programme funded by HWNZ, commenced as a pilot for RNs who want to become NPs. The programme aims to deliver work-ready NPs following one year of study and supervised clinical practice, while ensuring a job at the end of the process (NP training programme gets green light, 2015).

Unfortunately for nurses the reality is that their work environment is not always supportive of the degree of commitment required to complete PG study. For nurses to participate in this level of study they need to manage their work while they study and to manage their study while they work. So why do RNs decide to participate in PG study? What support mechanisms do they require? How do they manage their study commitments while working? What benefits do they hope to achieve by completing the qualification? Utilising a qualitative descriptive methodology for this research I interviewed 12 registered nurses in Christchurch, NZ who studied part-time at postgraduate level while working. I invited them to describe the types of support they used, sources of the support and whether or not the support really helped with their study. I also asked what motivated them to commit to PG study and what they hoped to achieve on completion.

1.2 Personal Background

My entry to PG education as a nurse happened slowly following the completion of an undergraduate degree, which I undertook for no other reason than a personal desire to do so. Having gained my nursing qualification and becoming a RN through a hospital-based training programme in 1979, I worked mainly in the perioperative area both in New Zealand (NZ) and in Australia. While working in the role of Clinical Nurse Specialist (CNS), I found I was becoming increasingly involved with providing support to RN colleagues to understand the value of research in their clinical practice. Despite my lack of academic education, I understood the need to be able to assess the quality of the nursing research I was using in my work, so in 1999 I commenced my undergraduate degree, and on completion continued onto PG study. This education has been undertaken while working in clinical practice, as I juggled family and study commitments. I received minimal employer support through limited access to education funding and study leave, and I experienced negative attitudes by some work colleagues because of my study. However, I found participating in this education to be beneficial professionally and personally, while renewing my enthusiasm for my work and my profession.

1.3 Impetus for the Research

Since beginning my tertiary education I have noticed nurses' attitudes towards PG education have changed and there are greater numbers of nurses now completing PG qualifications. In 2008, I became a nursing lecturer in a Bachelor of Nursing programme. In my role, nursing students have discussed with me their intention to commence PG education following their graduation, seeking to become specialist nurses. They also voiced their concerns about managing the study while working.

RN colleagues who are, or have, participated in PG study talk about their efforts to manage their study while meeting their work and family obligations. They talk about the multi-tasking they have to do and the sacrifices they sometimes make in order to do their study, especially when assignments are due. These conversations lead me to reflect further on my experiences and on the means by which other RNs manage their situations.

A review of current literature regarding support for RN participation in PG education produced limited research, particularly from the New Zealand (NZ) perspective. My primary interest was to learn what supports these nurses accessed, particularly from the workplace, and also to learn how they managed their work load and their study. Are my experiences reflective of the experiences of other RNs participating in PG education regarding workplace support? What supports do they seek, and/or use while studying? How do they manage their work, study and home life; the multi-tasking? And considering a growing trend for RNs to engage in PG education, what compels them to do so? This led me to the research question - "What are the experiences of registered nurses undertaking postgraduate study?"

1.4 Why Postgraduate Education? – The New Zealand Context

During the 1970s NZ nurses' education changed from hospital-based 'apprenticeship style' training to undergraduate degree programmes within the tertiary education sector. This shift was accompanied by increased numbers of nurses participating in PRE, following a similar trend seen overseas (Gage & Hornblow, 2007; University of Pennsylvania School of Nursing, 2013). This change has seen the nursing profession identifying more strongly as a knowledge-based profession, giving nurses credibility and recognition as a profession while enabling them to pursue a career

path involving postgraduate study providing access to, for example, advanced nursing roles, nursing research or nurse education roles (Bahn, 2007; Gage & Hornblow, 2007; Gallagher, 2007; Gerrish, McManus & Ashworth, 2003; Joyce & Cowman, 2007; Pelletier et al, 2005; Watkins, 2011; Whyte, Lugton & Fawcett, 2000).

In 2004, NZ nurses were introduced to a recertification process managed by NCNZ. Under section 14 of the Health Practitioners Competence Assurance Act 2003 (HPCA), NCNZ is obligated to ensure all nurses in NZ meet levels of competence to ensure patient safety (Ministry of Health [MoH], 2014; NCNZ, nd). NCNZ approved professional development and recognition programmes (PDRP) were developed by District Health Boards and other nursing employers to provide an avenue for nurses already demonstrating competence to be exempt from a recertification audit through completing a PDRP and associated portfolio (MoH, 2014; NCNZ, nd). PDRP supports ongoing professional development (PD) and each nurse is assessed against set criteria for their current level of practice to be recognised (NCNZ, nd). Three levels of practice for RNs are recognised; competent, proficient and expert. Requirements for gaining recognition at expert level includes engaging in PG education, being recognised as an expert within a specialty, demonstrating innovative practice, initiating and guiding improvements and change in the clinical setting (Canterbury District Health Board [CDHB], 2014a). Successful completion of expert level in PDRP has contributed to increasing numbers of RNs participating in PG education, as seen at CDHB which has approximately 160 RNs involved in Health Workforce NZ (HWNZ) funded PG education annually (CDHB, 2014b). National criteria states that education for expert level in PDRP is to be level 8(00) and must have a clinical focus relevant to the nurses' practice area (CDHB, 2014a).

Consequently PG programmes in nursing aim to develop RNs with the necessary knowledge and skills to enhance their clinical practice in order to function as advanced practitioners (The University of Auckland, 2014; University of Otago, 2014) with NCNZ monitoring and endorsing nine clinically focused PG programmes in NZ (NCNZ, 2015). Additionally, RNs who work in expanded practice roles, such as RNFSA, are working in roles not usually carried out by RNs, but other health professionals, and therefore must meet additional competencies relevant to their practice role. NCNZ (2011) competencies for RNs in expanded practice, clearly state that the nurse "demonstrates initial and ongoing knowledge and skills for specific expanded practice role/activities through postgraduate education, clinical training and competence assessment" (p.8), making PG education mandatory. This reflects guidelines recommended by ICN as appropriate educational preparation for the advanced practice roles (Schoder & Affara, 2006, p. 114).

1.5 Support for study

The provision of employer related support such as study leave, financial assistance, and flexible rostering are among the supports considered vital in the continual development of a knowledgeable and highly skilled health workforce to meet the growing health needs of the population (Black & Bonner, 2011; New Zealand Nurses Organisation [NZNO] 2008; Rolls, 2005; Davey & Murrells, 2002). Additionally, support from colleagues who have studied or are studying PRE can be particularly useful if the student needs roster changes, mentoring or someone to talk to who understands (Black & Bonner, 2011; Kramer and Schmalenberg, 2004, p52; Gerrish, McManus & Ashworth, 2003, p110; Oehlkers & Gibson, 2001).

Reflecting on my own study experiences and anecdotal stories I was hearing from nurses involved in PG education, made me appreciate that workplace support can be inconsistent and is to some extent dependant on what support is required by the nurse. For example, there were occasions when nurses had enrolled in education programmes but were unable to attend due to staffing shortages, or their study leave was declined so they were forced to use annual leave to complete their study; Rolls (2005) states that these situations impede access PG education for RNs and can serve as a deterrent to continuing with study.

When reviewing the literature I discovered a number of published studies about motivation and barriers to study (Black & Bonner, 2011; Joyce & Cowman, 2007; Levett-Jones, 2005; Murphy, Cross & McGuire, 2006; Oehlkers & Gibson, 2001; Richardson & Gage, 2010; Rolls, 2005) and a small number of references about work/study/life balance or factors facilitating study, such as employer support (Cooley, 2008; Dowswell, Hewison & Hinds, 1998; Hardwich & Jordan, 2002; Oehlkers & Gibson, 2001). Employer support for nurses' participation in PG education has been identified as crucial for the retention of skilled RNs in the health workforce (Black & Bonner, 2011; Chiu, 2005; Pelletier, et al., 2005; Watkins, 2011; Whyte, et al., 2000), with Levett-Jones (2005) stating organisations 'that facilitate educational opportunities for their staff promote a culture of excellence' (p. 231) and are better placed to retain experienced RNs, while expanding the accumulative workforce knowledge base and improving staff morale.

1.6 Summary

My interest in the topic for this research came about due to my experiences of studying while working and managing family commitments. I had some

organisational support but it was not consistent and on occasion was withheld in case someone else wanted it; in particular, financial support. Discussions with nursing colleagues indicated that RNs continue to experience similar issues when they are studying. In this chapter I have introduced my research and provided the background to the events that have led to the research. In chapter 2 I will review relevant literature regarding the supports and experiences of RNs in PG study. Chapter 3 introduces the reader to the methodology and methods I used to complete the study. Chapter 4 will report and analyse the findings of my research, while the discussion from the findings will be covered in chapter 5. In the final chapter I will discuss recommendations for the future.

Chapter 2 – Literature Review

2.1 Methods for Search

An initial literature search was undertaken prior to research commencing to determine current knowledge of registered nurses (RN) experiences during participation in postgraduate (PG) study. Using online databases CINAHL, EBSCOhost, ProQuest and Google scholar the search for relevant references focused on nurses' perspective or experiences of participating in PG education leading to a PG qualification.

For the online search subject headings and key words used were combinations of 'postgraduate', 'continuing education', 'post registration', 'work/study/life balance', 'motivation', 'benefits and barriers', 'employer support', 'masters' education' and 'registered nurse'. As nurses in the New Zealand (NZ) context was of interest, the searches were repeated with 'Zealand' added as a key word. When considering the background to the recognition of advanced nursing roles and associated PG nursing education, an additional search was carried out adding keyword 'politic*' to the previously noted keywords. This search added little to the literature search, particularly in the NZ context, but did provide some clarification to the political process involved in nursing workforce planning leading to recognition of advanced nurse practice and the drive for postgraduate nurse education for RNs. The reference lists of articles obtained through these searches were also examined and references relating to the subject were followed up for relevance, as were peer recommended references. These searches revealed some international studies, mainly the UK, Ireland, the United States and Australia, but limited research from NZ.

Initially papers considered for exclusion were those focused on RNs, and in some cases midwives, studying to 'up-grade' or convert nursing certificates and diplomas

to academic nursing degrees in United Kingdom (UK) and Ireland, but due to the presence that international trained RNs have in the NZ health sector, it was decided to include them as these papers have relevance in the overall focus of this research. A variety of post registration education (PRE) options are used by RNs including workplace-based education, web-based educational activities, and tertiary based courses and degree programmes making it difficult to separate PG study from other forms of PRE, therefore studies using this undefined term but discussing the RN student perspective, have also been included with this review. Articles that were excluded discussed aspects of the topic from the perspectives of curriculum design, education provider or nurse educators rather than being focused on the RNs perspective of their experiences. Themes most evident in the literature relating to the RN student experience focused on motivation to study; personal, professional and practice outcomes of PG study; and barriers and supports for study, although these themes were not mutually inclusive in all papers sourced. Research relating to work/life/study balance within the nursing context was limited, with most research predominately from the UK.

2.2 Key Themes from the Literature

2.2.1 Motivation to Study

Change is constantly occurring in the health industry and, nurses need to be able to meet the complex nature of current and future health care needs of society. Therefore, it is essential they engage in some form of continuing professional education. Subsequent to the transfer of nursing education from hospital to the tertiary sector, growth in demand for a higher level of post registration education (PRE) led to increase in postgraduate (PG) nursing qualifications (Bahn, 2007; Joyce

& Cowman, 2007; Ng, Tuckett, Fox-Young & Kain, 2014; Pelletier, Donoghue, Duffield, Adams, Brown, 1998; Zahran, 2013). Additionally, the prevalence of nurses who work in expanded roles, such as Nurse Practitioners (NP), has led to greater numbers of RNs participating in PG education to meet the specific requirements of this career pathway (Barker & Nussbaum, 2010; Ng, et al, 2014; Schober & Affara, 2006; Spence, 2004a).

RN motivation to return to study is well covered in the literature regarding PRE for nurses. Although there are some variations in the motivating factors, there are commonalities evident in the desire to achieve professional and personal fulfilment through knowledge gained. Papers published by authors from the United Kingdom (UK) (Dowswell, Hewison and Hinds, 1998; Hardwick & Jordan, 2002;) and Ireland (Bahn, 2007; Cooley, 2007; Davey & Murrells, 2002; Joyce & Cowman, 2007; Murphy, Cross & McGuire, 2006) focus on PRE by nurses who have previously gained their registration either as a hospital-based training certificate or a diploma course. The authors found the intention of the participants in these studies was to complete an academic degree to alter their nursing qualification status. This was particularly evident for nurses in the UK and Ireland, who were motivated to gain a recognised degree at a time of change in nurse education. These countries were moving towards degree-based nurse registration (Bahn, 2007; Cooley, 2007; Davey & Murrells, 2002; Dowswell et al, 1998; Hardwick & Jordan, 2002; Joyce & Cowman, 2007; Murphy, Cross & McGuire, 2006). A qualitative study by Dowswell, Hewison and Hinds (1998) found that 50% of the RNs they interviewed were participating part-time in PRE to upgrade their qualifications, since they were apprehensive about -being left behindø by newly qualified staff with -higher educational qualificationsø(p1330). Given that this was a UK study, the authors felt

this was a reflection of the contextual changes taking place in nursing education at this time. Additional motivators identified by the nurses in this study were to improve job opportunities, increase knowledge and improve current role performance. Consistent with these findings are the results from studies carried out in Ireland by Cooley (2008) and Murphy, Cross and McGuire (2006). Cooley's results, similar to the results described by Murphy et al, determined that RNs were studying to improve their qualifications to enhance professional status, update knowledge and improve promotion opportunities; suggesting as with the UK study, that nurses were motivated to engage with PRE for professional survival in a changing health environment. Respondents in Cooley's study also stated that having supportive relationships at home and work, such as childcare, funding and study leave facilitated their decision to study, indicating the importance of it being 'the right time in their family lives for them to study' (2008, p.591).

An exploratory study in the UK by Bahn (2007) using focus group interviews identified the sense of educational deficit and associated 'loss of status' (p.720) as factors for pursuing PRE. This study also found that attaining more specialised knowledge and skills were strong motivating factor and were seen as necessary for the delivery of high quality nursing care; although Bahn suggests this is a well recognised characteristic of the nursing profession (p.719). The respondents in this study also identified being able to gain research skills and being intellectually stimulated were additional incentives for PRE (2007). Studies by Davey and Murrells (2002) and Hardwick and Jordon (2002) describe comparable findings from their research with the majority of the respondents in these studies also citing a need to attain an academic qualification to achieve greater professional recognition.

Research undertaken in Ireland using a questionnaire survey of 243 RNs provided different perspectives. Joyce and Cowman (2007) found the key motivating factors to engage in PRE for 99% of these respondents was to seek promotion opportunities, 97% sought knowledge gain, while 98% stated PRE provided access to greater professional opportunities (p.629). These findings were reflective of an exploratory longitudinal survey of 480 Australian RNs by Pelletier et al (1998). This study, carried out to collect data during the transition of nursing education to tertiary institutions in Australia, found that personal and professional satisfaction, better job opportunities and increased professional status ranked highly as motivators for nurses participating in PRE. The only New Zealand (NZ) study located in the literature search, explored the motivations of practice nurses to undertake PRE (Richardson and Gage, 2010). Using focus groups interviews in an exploratory qualitative study of RNs in primary health practice, Richardson and Gage reported findings that differed little from the previously mentioned studies. The participants in this study reported that knowledge gain, intellectual stimulation and achieving personal satisfaction and confidence were their reasons for wanting PRE (2010, p.145). The respondents also described the dilemmas associated with their decision to return to study, such as integrating study into existing work and family obligations, lack of access to practice-relevant education, new learning of the academic processes and accessing study leave (2010, p.145).

2.2.2 Balancing study with work and life

The nature of nursing is that it often necessitates shift work in order to provide 24 hour a day, seven day a week health services in a variety of healthcare settings. Nursing requires commitment to ongoing education and RNs working in specialty

settings need greater knowledge and skills to practice safely. RNs face numerous challenges to participate in PG education while continuing to work, even when motivated to study. These challenges are multi-factorial with their already existing multiple roles and responsibilities being compounded by participation in study (Cooley, 2008; Dowswell et al, 1998; Timmins & Nicholl, 2005). Given that PG students are often adults who work full-time, have family responsibilities, and may be returning to study after a gap of several years, PG education becomes an additional commitment and for some the price of PG education is high although not necessarily in monetary terms (Evans, Brown, Timmins & Nicholl, 2007; Kember, 1999). Therefore, while participation in PG education offers RNs the opportunity to expand their skills and knowledge, integration of study with existing work, family and social commitments can be stressful, and research exploring the stressors and complications associated with the addition of part time PG study at tertiary level to already busy lives reveals a range of issues that must be overcome.

Kember (1999, p111) examined data from interviews of part-time students studying in a variety of PG programmes in universities in Hong Kong, Australia and Papua New Guinea to identify the processes used by part-time PG students to integrate study with existing responsibilities and identified 'support, sacrifice and negotiating arrangements' (1999, p 114) to seek time and space for study as coping mechanisms necessary to achieve the PG qualification. Kember found that PG students sought support from family, work and friends, while negotiation with employer was necessary and sacrifices were required when managing their social networks (p117). As PG students are rarely able to disconnect from existing obligations, Kember (1999, p110) found many of the respondents accommodated their study with varying degrees success; those who managed to successfully integrate their study with other

obligations were able to achieve the PG qualification with minimal conflict. Kember concluded that students who were able to successfully integrate part time study into already busy lives did so by being flexible and being able to utilise the coping mechanisms best suited to their situation (1999, p 120).

2.2.3 Challenges

Qualitative research by Dowswell, Hewison and Hinds in the UK (1998), examined the effects of study on work and family life of 29 nurses participating in PRE (p.1330). These nurses described the most significant effect being on their personal lives; a third of the respondents acknowledged tension and strain at home due to reduced family time and changes in their role as partner, spouse or parent. Although there were no significant changes regarding their work role, the majority of the respondents stated support from work was very limited; over half were self-paying, the majority were using their own time to attend, and given that the course required twelve hours/week, this was a significant cost in terms of family/work balance (1998, p.1330-1332). Comparable findings are evident in a study in Scotland by Whyte, Lugton and Fawcett (2000) carried out to assess the relevance of PG education for nursing practice. Respondents were asked about the challenges they encountered while studying, identifying having to juggle study with family and work demands, the intensity of study requirements, the skills required for producing and writing course papers, course deadlines and sitting examinations as being the most stressful (p.1078).

Research by Chaboyer, Dunn, Theobald, Aitken and Perrott (2001) in Australia reported student concerns regarding course workload, study/work conflict and a financial burden of the course compounded by the loss of income resulting from

reduced work hours to accommodate the study (p.528). Johnson and Copnell (2002) identified findings from their study in Australia consistent with Chaboyer et al (2001). Their respondents related having to reduce work hours to accommodate education and pay their course costs creating a financial burden (p.125). Respondents in this study also found combining study with work and family stressful and impacted negatively on their family and social life (Johnson and Copnell, 2002, p.126).

Timmins and Nicholl (2005) in a descriptive study of RNs in part time PG programmes in Ireland, asked respondents to identify and rank sources of stress they encountered while studying. They reported the five most common causes of stress being: work and study balance, examination expectations, demands of academic writing and course workload (p.479). The main causes of personal stress; balancing home and study, time management and being able to find personal time were ranked within the top ten, but the respondents indicated that the work/study balance was more stressful to maintain due to their belief that their professional responsibilities were being neglected while studying (2005, p.281). Also in Ireland, Cooley (2008) examined the effects of participating in PRE on personal and professional lives. These findings were consistent with the previously discussed research in that the respondents had limited access to study leave and limited funding from work, and relied heavily on family to help manage child care and their existing family roles (2008, p.592).

In NZ Spenceø (2004a) research described studentsø being afraid of the academic process (especially if accompanied by a gap since previous education completed), lack of time, reliance on family and indifferent support from work place as being significant stressors during their involvement in PG education (p.23-24). Also in NZ,

Richardson and Gage (2010) examined the challenges faced by the practice nurses in their focus groups, stating limited employer support, limited rostering assistance, limited choice of courses relevant to practice and work commitments impacted negatively on RN involvement in PRE. The RNs in this exploratory study discuss having to negotiate with their employer to attend PRE, some managing this by choosing courses which would benefit the medical practice, sharing course costs and committing to remain as an employee of the practice following completion of the PRE. According to Rolls (2005) a disparity exists with the commitment of employers, education providers and nurses committing to PRE and PG study; stating that study leave, education costs, staff roster support are among the challenges that impact on RNs ongoing attendance and committed participation.

Black and Bonner (2011) surveyed RNs in Australia who were working and doing PG study via distance learning. Respondents were asked to comment on types of support relating to their study they believed were necessary such as costs, study leave, academic resources, social and emotional supports (Black & Bonner, 2011, p164). The respondents stated that study leave and roster requests were especially difficult to obtain from their workplace due to the apparent perception that distance-education was informal when compared with education completed in face to face learning on campus (Black & Bonner, 2011). Findings indicated limited workplace support was provided and this impacted greatly on the RN students' ability to engage appropriately with their education via distance-education.

2.2.4 Finding time and space

Part time students have considerable problems finding time and space to study (Hardwick & Jordan, 2002; Kember, 1999). Although the respondents in Kahu,

Stephens, Zepke and Leachø (2014) research were not nurses, these findings are relevant in the context of the previous discussions given that nurses work while studying, often complete PG education independently and are generally time poor. Kahu et al examined the methods part time distance students used to include study into their lives; particularly arrangements for time and space. The authors found that the ideal space and time for these students was individual and lay at the intersection of three, sometimes competing, demands: study, self and familyö (p523) and that students found it necessary to experiment with different spaces and time, stating the unpredictability of life often made the challenges of balancing study with work and family more demanding (2014, p530).

2.3 Summary

This chapter has provided an overview of literature pertaining to RN experiences of studying part time while working. Discussion has focused on motivations to study, the challenges of achieving a study/work/life balance and some strategies to manage this balance, with evidence in both international and national literature suggesting that RNs struggle to manage. The following chapter will present the methodological approach used to undertake this research.

Chapter 3 - Methodology and Methods

3.1 Introduction

In this chapter, I will describe the aim of this study and provide rationale for the research process I have used. The overall aim of this study is to investigate registered nurses' experiences studying for a postgraduate qualification while continuing to work. The research design refers to the plan followed in the research process, 'it sets direction' and is 'a way of thinking' (Patton, 2015, p.244) relevant to the research question. Patton (2015) explains that the chosen design will determine the research outcomes as the process unfolds; the data guides the analysis, and exposes the findings to complete this process. Qualitative descriptive methodology was best suited to exploring the phenomena of interest. Informed by the literature review, I made the decision to focus on how RNs manage their lives when integrating PGS with work and family obligations.

3.2 Research Question and Objectives

What are the experiences of registered nurses who work while undertaking postgraduate study?

- To learn what motivated participation in postgraduate study
- To learn what facilitates their study
- To learn what they consider are barriers to their study
- To learn how they fit study with work and life

3.3 Qualitative Research

Qualitative methodologies are diverse frameworks, strategies or action plans that influence the choice of research methods. These are generally guided by various philosophical and theoretical perspectives including but not limited to phenomenology, hermeneutics, or narrative inquiry (Patton, 2015). Polit and Beck define research methods as the techniques used by researchers to design research and to collect and interpret information that relates to the research question. Qualitative researchers examine documents, and use observation and interviews to examine facets of peoples' lives and the interpretations they make to explain these experiences (2010). Choosing the most appropriate research methodology is necessary to understand the subjective meanings people give to their life experiences (Patton, 2015), such as the meanings registered nurses (RN) give to their experiences of studying while working.

Qualitative methodologies are often used within health science research as they provide complex textual descriptions of how people experience a given phenomenon (Mack, Woodson, MacQueen, Guest, & Namey, 2005; Patton, 2015). They also allow greater spontaneity and adaptation of the interaction between the researcher and the study participant (Mack et al, 2005, p4) due to the methods used to collect data. This enables researchers to respond promptly to what participants say by prompting the participant to expand on any issues they raise while also being able to identify unexpected factors arising from participants' responses (Mack et al, 2005).

Conceptual frameworks of systems, beliefs and values guide our understanding of the world and define the patterns of society; referred to as paradigms. In research, paradigms are the theoretical structures that guide research methodologies and

methods decisions (Lincoln & Guba, 1985; Patton, 2015; Polit & Beck, 2010). There are many different research paradigms, for example interpretivism, constructivism, positivism, post-positivism, pragmatism, and naturalist (Bogdan & Biklen, 2007; Lincoln & Guba, 1985; Patton, 2015; Polit & Beck, 2010). Each theoretical paradigm provides a different perspective and set of assumptions that guide the research and orientate thinking, although Patton (2015) suggests that researchers can unwittingly become influenced by adhering to a methodological paradigm possibly leading to bias which could predetermine the research outcomes.

A comparative example of two research paradigms: in the positivist paradigm, a fundamental assumption is that there is a reality that can be observed and measured focusing on a cause and effect relationship, while the naturalistic paradigm follows the premise that there is no fixed reality but that each situation provides its own reality with multiple interpretations being possible (Polit & Beck, 2010). As such, naturalistic methods of inquiry emphasises the lived experience as it relates to each individual, providing in-depth information of the phenomenon in its natural state (Polit & Beck, 2010). Sandelowski (2000) refers to naturalistic inquiry as 'a generic orientation to inquiry' (p.337) being without pre-selected variables, and independent of commitment to any theoretical perspective, acknowledging that naturalistic studies derive from the general principles of naturalistic inquiry, although 'overtones' of various other paradigms may be present (ibid).

Given the focus of the research question was to hear the stories of *registered nurses who studied for postgraduate qualifications while working*, it is anticipated a purposeful sampling strategy will be used. This allows the researcher to deliberately target the participants that meet the research criteria to obtain the information

necessary for the research (Lincoln & Guba, 1985; Patton, 2015; Polit & Beck, 2010; Sandelowski, 2000).

3.4 Qualitative Descriptive Research

A qualitative descriptive methodology was chosen for this research as it suits the intent of the research providing a straight forward description of an experience and presentation of the findings using the participants own words to be easily understood by the targeted audience; nurses, nurse educators and nurse employers (Neergaard, Olesen, Andersen & Sondergaard, 2009; Sandelowski, 2000). A primary difference with qualitative description compared to other qualitative methods is in the content analysis; there is less interpretation with no requirement to re-present the data, ensuring the participants perceptions and versions of events remain accurate (Sandelowski, 2000). Braun and Clarke (2006) state this enables the researcher to present the experiences and meanings in the context of the participants lived experience, with the analysis providing an account of the participants experiences in the participants words (Neergaard et al, 2009). Patton (2015) suggests that meanings are socially produced and reproduced, rather than being predetermined, suggesting each research participant may have a different view and perception of the same experience.

Patton (2015) states the credibility of qualitative research depends on the attention paid to establishing trustworthiness throughout the research. Thomas and Magilvy (2011) explain that the existence of trustworthiness ensures that the audience can trust the research findings. The concept of trustworthiness as defined by Lincoln and Guba (1985) comprises four criteria: credibility, dependability, transferability and confirmability, explaining that the purpose of trustworthiness is to support the argument that the research results are relevant to the research question. Credibility refers to the truth in the data and its interpretation, ensuring the findings are a true representation of the participant stories. Dependability exists when the findings are

accurate and consistent, while transferability is the degree that the knowledge acquired in one context can be applied to another context. Transferability relates to the characteristics of this study such as sample, settings and processes potentially being applied to another sample in other settings and context. Confirmability indicates objectivity has been achieved and the findings reflect the participants' information (Polit & Beck, 2010). The audio-recordings of the participant interviews were transcribed verbatim to preserve the voice of each participant. A challenge for the researcher is to remain aware of the influences of personal and professional knowledge and to avoid these having any influence on the interpretation of the data (Sword, 1999).

Qualitative descriptive research is an interactive process where the researcher engages closely with participants to gain insight into their life experiences. Patton, (1990) suggests that given the close nature of the researcher/researched relationship, the researcher needs to acknowledge the influence of self through a process of self-reflection. Sword (1999) explains that the process of reflection ensures the researcher is made aware of how the influences of their experiences, beliefs and values can shape the research, and provides a context for the audiences to understand why the data has been interpreted in a certain way. This process provides credibility for the researcher and ensures greater transparency of the interpretation process (Patton, 1990; Sword, 1999). Therefore, prior to each interview I identified myself as a researcher and explained the purpose of the study. Following each interview and in the early stages of reading the transcripts, I engaged in a process of self-reflection to ensure I remained objective and preserved the participants' subjective meanings in the data.

I am a New Zealand female; live in Christchurch, married with two adult children. I have been a registered nurse for 40+ years, having worked predominately in perioperative specialty as a Staff Nurse (SN) and Clinical Nurse Specialist (CNS), and for the last nine years as a clinical lecturer in a Bachelor of Nursing degree programme. I have worked clinically in both private and public hospitals in New Zealand and Australia, while studying part-time whenever family and work commitments allowed. Until recently, I spent 13 years as a member of a national (NZ) committee for perioperative nurses, instrumental in developing a Knowledge and Skills framework for the NZ perioperative nursing body. While working in the CNS role I was responsible for supporting nurses updating core skills and their professional development. Through reflection on my life and experiences, I understand that, although people may have had similar experiences and opportunities in their lives, individuals are likely to relate their experiences differently. I bring my experiences to the research project, seeking greater insight into the experiences of the nurses who choose to study towards a PG qualification while working. I feel my personal experience as a nurse and studying while working is an advantage to my role as a researcher on this topic. I have sensitivity to the topic which enables me to interview thoughtfully and to prompt participants to tell their stories, while recognising my role as researcher to elicit participants' stories and not my own.

3.5 Research Method

3.5.1 Ethical Considerations

As a researcher there is an ethical responsibility to acknowledge and protect the rights of the nurses participating in this study; therefore I submitted to the University of Canterbury Human Ethics Committee for ethical approval (Appendix 1). The proposal described the purpose of the study and the methods of data collection and analysis. Also submitted were; the research information sheet, participants consent form, transcriber confidentiality agreement, letter to the editor of a national nursing journal sourcing participants and workplace poster which were used in recruitment and consent process. Following some minor adjustments recommended for the workplace poster, ethical approval was granted.

3.5.2 Eligibility Criteria and Recruitment

A purposeful sampling process was used to select the potential participants who were most likely to provide significant contributions as they had experienced the phenomenon and met the study inclusion criteria (Polkinghorne, 2005). These participants were selected because they could provide substantial insights and descriptions of their experiences appropriate to the study. The inclusion criteria were clearly defined and specific; RNs had to have previously studied and completed a postgraduate qualification or be participating in postgraduate study, for at least 12 months or longer and were living in the Canterbury area. This last requirement allowed for ease of contact for the researcher to complete the interviews. Therefore, the participants were registered nurses (RN) working in the Christchurch health sector, within various clinical specialties, studying towards a postgraduate (PG) qualification while working.

Participants were recruited as result of publication of a letter to the editor (Appendix 2) of a national nursing journal. Twelve RNs responded to this letter, eight were eligible as they resided in Christchurch, while the remainder lived outside of Christchurch. One of the eight who participated also lived outside of Christchurch but when contacted asked to be involved as she would be visiting Christchurch. Following discussion with my supervisor it was decided to include this interview. A convenience sampling technique, known as a snowball sampling was also used and participants were asked to refer colleagues they knew who also met the inclusion criteria. Further four RNs, who met the criteria, were identified through referral. These two methods of recruitment produced twelve participants to be interviewed. This number allowed for variation in views but remained a small enough size to enable manageability for the purpose of a Master's thesis, while also guided by the concept of 'data saturation'. By reviewing and assessing the twelve interviews I found that at this point there was no new data being offered (Polit & Beck, 2010).

The workplace poster (Appendix 5) was held in reserve but was not used due to the amount of interest and engagement generated 'by the letter to the editor'. The participants' contact with me was via email. In response, I emailed a copy of the research information sheet (Appendix 3), a consent form (Appendix 4) and an invitation to contact me regarding any questions they might have regarding the research. If the respondent remained interested in participating after reading the information sheet a meeting was arranged for the interview.

3.5.3 Researcher – Participant Relationship

The enthusiasm of the respondents to participate in the study was something I had not anticipated. During the interviews the atmosphere was relaxed and the participants were eager to share their experiences. My impression was that the participants were open and honest, providing rich and meaningful data.

3.5.4 Confidentiality

The research participants' right to confidentiality is undisputed. To safe-guard the privacy and confidentiality of the research participants, these strategies have been used:

- pseudonyms were assigned to prevent identification of participants (see Table 1, p36)
- access to the audio-tape and transcriptions was limited to those involved being the researcher, transcriber and supervisors
- the transcriber signed a confidentiality agreement (Appendix 6)
- electronic versions of the transcript were password protected
- audio-tapes and hardcopies of the transcripts were kept in a locked cabinet
- audio-tapes were destroyed on completion of the research

During the interview of one participant the circumstances of a particularly stressful period in her life were shared. At this point I turned off the audio-tape and asked her if she would like to end the interview. She declined stating this episode impacted on her study and she felt it was an important aspect of her study experience. This episode has been handled with discretion in the cleansed transcript, providing confidentiality surrounding the episode and to ensure the participants' privacy remained intact.

3.5.5 Data Collection

Data collection involved a single one-on-one interview, lasting 45 ó 60 minutes, at a time and place suitable for each participant. As the participants worked shift work and had busy lives, it was important to factor this into the arrangements. All locations used ensured privacy and we were unlikely to be subject to interruptions. Of the twelve interviews, eight took place in the participants' place of work, two took place in the researcher's place of work, one took place in the participant's home at her request, and one took place in the researcher's home as this participant lived outside of Christchurch. All interviews were audio-recorded to be transcribed later. Interviews that took place at the participants' place of work were held outside their actual work environment in a quiet room with usage arrangements initiated by the participants.

Each interview began with a review of the research objectives, explanation of the consent and an opportunity to clarify any issues which may have arisen since the exchange of emails. Participants had both the right to withdraw from the study at any time and withdraw any information prior to the commencement of the analysis. No participant requested this, although all participants requested an opportunity to read the final thesis. I also informed the participants that they could request that the audiotape be turned off at any time during the interview if they chose. No participant requested this although I mentioned this again when one participant began to share a particularly stressful event that had occurred in her life during her study. She indicated that it was fine to continue taping.

An interview guide (Appendix 7) was used as part of a semi-structured interview format. Patton (2015) states this 'ensures that the same basic lines of inquiry are pursued with each person interviewed' (p.439) and acts as a check list for the

interviewer. I asked each participant to talk about their experience of participating in PG study while working and to identify factors that supported or hindered their study. I also asked what motivated them to commit to PG study and what they hoped to achieve on completion. Each interview was reviewed and assessed. The results from that interview were then used to inform and contribute to further interviews.

3.5.6 Transcribing

Each audio-taped interview was transcribed verbatim to provide text for data analysis. A transcriber, who had signed a confidentiality agreement (Appendix 6), assisted with the transcriptions while I checked each transcription as it was completed. Being present during the transcribing process proved beneficial for me because the transcriber, at times, had some difficulty understanding the taped accents of some participants, being familiar with the context of their stories I could understand what was being said. This continuous checking was important to retain the integrity of the transcribed data (Halcomb & Davidson, 2006; Wellard & McKenna, 2001) and to ensure it remained true to the verbal accounts.

3.5.7 Analysis Process

Thematic analysis was used to identify, analyse and report patterns, or themes, within the transcribed scripts. Braun and Clarke (2006) explain thematic analysis as a process of reading and re-reading the interview data repeatedly to search for recurring patterns in each participant's story. This process was repeated numerous times with the researcher moving back and forth from the data to the analysis, refining the meanings of the patterns being produced. Braun and Clarke (2006) offer an 'outline guide' (p.86) describing the repetitive process involved in thematic

analysis, stating that these are not rules, only a guide. Patton (2015) states while guidance is useful, the eventual destination remains with the researcher, therefore recommends being flexible and reflective during the decision-making process. Identifying the patterns or themes in the data depends on the researcher understanding whether the theme captures something important in relation to the overall research question and being consistent during the analysis process (Braun & Clarke, 2006). To ensure confidentiality of the interviewees, each was provided with a pseudonym and other identifiers, such as workplace and place of study were deleted.

The coding process that occurred during this analysis involved reducing the raw data to manageable portions containing core elements or essence of a theme; identifying both explicit themes and implicit themes, grouping the themes and sub-themes, while using selected quotations from the participants that convey the essence of the category (Braun & Clarke, 2006). By reading and re-reading the transcripts I became immersed in the data. During this phase I looked for ideas I felt linked to the research question, making notes on the transcripts and using various colours to highlight the relevant sections. Initially broad themes were identified but as the analysis progressed the themes were tweaked, by expanding or combining themes for the developing analysis. The developing themes were placed on a grid accompanied by narratives from the transcripts to support them. Braun and Clarke (2006) describe this process of tweaking as time consuming but essential for the development of the thematic map (p89). This process involved numerous grids being developed as the analysis progressed. This provided the data used in the narrative format for the thesis, with the quoted transcribed passages true to the interviewees. The final analysis of the interviews resulted in four main themes with nine sub-themes.

3.5.8 Issues of Trustworthiness

Miles, Huberman and Saldana (2014) state that as “qualitative studies take place in a real social world and can have real consequences in people’s lives” researchers are accountable to ensure their accounts are discussed with integrity and rigor (p.311).

Credibility means that the research audience can engage with and relate the participants’ stories to their own experiences. Krefting (as cited in Thomas & Magilvy, 2011, p.152-153) states that “a qualitative study is considered credible when it presents an accurate description or interpretation of human experience that people who also share the same experience would immediately recognize”. I have achieved this by presenting the participant experiences to reflect the intent and context as they were originally recounted. This is evident in the participants’ common claim that “there was supposed to be back fill for us to be on study leave but that didn’t always happen”, as well as their comments about the personal sacrifices they made for PGS “something has to give and it was my sleep cause that’s the only thing left to give... the stress takes its toll”.

Dependability pertains to the reliability of the data when the reader can follow the decision-making process and understand the conclusions reached by the researcher in the analysis process. This chapter has detailed the study design, generating an audit trail of the research process. As each interview was completed the contents were listened to repeatedly to assess the data. Any new line of discussion was identified and contributed to the following interviews. Following transcription of all twelve interviews, they were cleaned to remove any repetition or unimportant chatter for ease of reading, and then I began a process of reading and re-reading to identify common threads. This process led to the final thematic conclusions.

Transferability is the extent that the methods and findings from this research can be transferred to similar context and sample groups. The results of this study may resonate with members of other health professions who study while working. Although this study was limited in location and sample size, indications are that there are larger numbers of nurses in other areas of NZ who could describe similar experiences during their PG journey.

Confirmability exists when credibility, dependability and transferability have been established (Thomas & Magilvy, p.154). Throughout the research process I have reflected on my own experience of completing study while working to ensure I stayed true to the voice of the participants without preconception; seeking feedback from my colleagues and supervisors. Member checking is another source of confirming the data (Lincoln and Guba, 1985) so participants were given the opportunity to review their interview transcript for accuracy, although none of the participants took up this offer. Participants were asked to provide their personal perspectives of the same experience; their PG journey. By comparing these perspectives I could identify features of each experience that appeared across the sources and recognise the variations in the experiences of the RNs.

3.6 Summary

In this chapter, I have described the aim of this research study, my choice of research design, and I have reflected on the experiences, values and beliefs I have brought to the research process. The research methodology along with the methods and analysis provide the framework to expose the data that informs the research question. Ethical considerations and issues of trustworthiness have also been discussed. In the following chapter, I will present my research findings.

Chapter 4 – Analysis of results

4.1 Introduction

This chapter presents the results of a descriptive research study that explored the experiences of registered nurses studying towards a postgraduate nursing qualification while continuing to work in their clinical environment. Four themes, three with sub-themes, resulted from thematic analysis of the interview transcripts. The results are supported with narratives from the participants, with pseudonyms being used to protect their identity. Registration qualification, academic and work commitments of the RN participants are presented in table format as an introduction to the data analysis.

Throughout the research data the terms post-registration education (PRE), postgraduate study (PGS) and postgraduate (PG) education have been used to describe nursing education achieved subsequent to becoming registered. In the context of this research, postgraduate study (PGS) will be used to describe the journey of the participants.

4.2 Participant Information

Each participant was given a pseudonym to maintain their confidentiality.

Participant Pseudonym	Qualification & Country of Registration	Years since Registration at Interview	Postgraduate Qualification	Distance or Local Study	Employment Commitment while Studying	Academic Workload
Jane	Hospital Certificate NZ	30+ years	PG Certificate	Distance	Full time	Part time
Liz	Bachelor Nursing NZ	<5 years	MNursing	Distance	Part time	Part time
Julie	Diploma Nursing UK	<15 years	MNursing	Local	Part time	Part time
Sally	Bachelor Nursing NZ	<10 years	MBA + PG Dip Nursing	Local	Full time	Full time
Helen	Hospital Certificate NZ	30+ years	MNursing	Distance	Part time	Part time
Annie	Diploma Nursing UK	<10 years	PG Certificate	Distance	Part time	Part time
Emily	Bachelor Nursing NZ	<10 years	PG Diploma (MNursing underway)	Distance	Full time	Part time
Carol	Bachelor Nursing NZ	<5 years	PG Diploma	Local	Full time	Part time
Amy	Bachelor Nursing NZ	<10 years	MNursing	Distance	Part time	Part time
Wendy	Hospital Certificate NZ	30+ years	PG Diploma	Local	Full time	Part time
Cathy	Bachelor Nursing NZ	15 years	MNursing + PG Certificate	Distance	Full time	Full time
Grace	Diploma Nursing UK	20 years	PG Diploma	Local	Full time	Part time

Table 1

4.3 Results

4.3.1 Needing to know more

This theme defined the rationale for these nurses choosing to undertake postgraduate study (PGS). The desire to gain new knowledge relevant to their current role was the catalyst for each nurse to embark on the PG education journey culminating in the attainment of a PG qualification. Initially, the nurses enrolled in courses that met the requirements of their nursing role, seeking immediate knowledge that was transferable to their present position without thought of possible career options. If they sought advice it was from nursing managers or colleagues who had previously undertaken PG education, without considering a structured education plan or long-term career plan. Annie had been nursing for eight years and felt it would be good to do some PG education, choosing papers based on her role and because the papers interested her.

I decided last year that I'd like to study. (...) I studied (...) two papers last year and then a third paper this year; because they interest me (...). So, I did a PG certificate in Primary Healthcare Nursing. I wanted to do a paper that was specifically for nursing. I'd had good reports, so I really enjoyed it. It was very much around nursing – you tailored it to your specialty or area of work.

Three of the interviewees had qualified as registered nurses (RN) in the UK with a Nursing Diploma and felt it was important to improve their knowledge and qualification further by gaining a PG qualification, although none of these nurses considered this decision as career planning. As Grace explained

I trained in the UK 20 years ago and over there it's a diploma, so I did a diploma of nursing and then was encouraged to carry on and do my degree. (...) I always wanted to carry on studying (...) I always just thought I wanted to have more than the diploma. When working as an RN on the ward I undertook the (...) nursing assessment - advanced nursing assessment and really enjoyed it and I've just carried on from there. It's just kind of been a roller coaster rather - I didn't set out to get my Masters. I did one course then thought I might as well do another course, then was encouraged to do the leadership and management and by that stage you've done four courses so you might as well carry on.

Results from the research showed the nurses were also likely to use the PG pathway when adjusting to a move into a new specialty or new work location. Altered expectations of nursing staff and knowledge deficit were identified as factors in deciding to enrol in PG education. Liz explained that moving to another hospital, in a town which serviced a large rural population, forced her to reflect on her knowledge and practice.

I came to [new town] where they have a really high expectation of the nurses (...) I felt lost so I took up [PGS], first it was a pathophysiology because I was in a medical ward and all of a sudden, I was like, I want to know why I'm giving these drugs! (...) so yeah, it just kind of snowballed from there. I did pharmacology and then (...) advanced assessment and then (...) they are like, well you've only got one more paper to get your masters, so that's what I'm in the middle of doing.

For Helen and Wendy, employment stability was identified as an additional catalyst to begin PG education. Both qualified as RNs with Hospital Certificate, each with 40+ years of nursing experience, they found they were working in areas where advanced knowledge was required for specialty practice, improved career options and continued employment. Both had previously worked in other specialties, but now with grown family decided to enrol in PG education. Successful completion of the initial papers provided them with the confidence, passion and realisation that course and career planning was necessary.

I left nursing for a while because I felt a wee bit tired and did lots of different things then came back. (...) I decided to specialise and went over to [specialty] and through that I was encouraged to do education. So, I started doing some level 7 (...) I think was equivalent to level 7 work. Then our boss said that there would be some re-structuring happening and those that weren't working towards a postgraduate certificate, (...) then chances are that they wouldn't be getting a new position. (...) that started me into my postgraduate education. So, it was sort of a prompt really from a boss that I respect and I also thought that it would be good for me – (Helen)

Wendy, surprised at passing her initial papers, decided that gaining PG qualifications would improve her opportunities of a more specialist role, although she had not previously considered this option.

I am working towards just getting these qualifications so when something does come up, I'm hoping a door might open. (...) That's why I'm carrying on doing the diploma because there's few at work have done the certificate and if I do

another year it'll just give me a little bit extra than maybe a few other people.

[Also] I actually quite enjoy the learning.

Registered Nurses wanting to work in advanced roles such as Registered Nurse First Surgical Assistant (RNFSA) or Nurse Practitioner (NP), must follow a structured education plan. This can involve developing a career plan, completing a clinically focused Mastersø degree, and supervised clinical practice within the specialty in order to meet Nursing Council requirements. Four of the nurses interviewed had developed a career plan prior to commencing their PG journey, to achieve the advanced nursing status, following a decision to *-be moreø* and *-do moreø*. This process provided these nurses with the opportunity to reflect on what nursing role they really wanted. Sally had, since registration, considered the position of nurses as leaders and the challenge of being a good nurse leader, so PG education was for her, an important path to achieve her goal.

I thought, do I want to go down the scientific side of nursing or do I want to be more a nursing leader? I did really well in the science and academic papers, so I don't know how much more I can learn in that area but I don't know anything about true leadership. (...) I thought; what is this change agent? what is the leader? what is that? So that's how I sort of started to work my way through. I looked at my options and worked backwards.

The challenge of being a better nurse and being able to *ømake changeø* had also been part of Amyø's decision to embark on her PG journey.

I didn't find I was being challenged or that I was using a lot of my skills and felt that I really wanted to start studying again. I decided that I wanted to keep

working on my career and gaining more knowledge. I liked the idea of potentially being a nurse practitioner in [specialty] (...) so I really wanted to work on that. I really enjoy my Staff Nurse role and working on the unit but I always felt like I had more to give and wanted to be able to make change and work at a higher level, so started postgraduate education.

Although Cathy and Emily had begun their PG journey with the view of completing the requirements to become RNFSA, they decided to complete the Mastersø degree to be eligible for a more senior nursing role. Through the application process for RNFSA, both nurses were required to submit a career plan and at this stage both decided to include extra papers, such as education and pharmacology which would meet the requirements for future positions. Both these nurses worked in the perioperative specialty and understood the benefits of developing the nurse assistant role for themselves, self-managing their career and providing them with access to increased employment opportunities. For Cathy, this involved a definite pathway to Nurse Practitioner status.

First goal was surgical assistant and then, next goal was nurse practitioner!

This theme has presented an account of the nursesø initial reasons for engaging in PG education and the realisation of the possible career opportunities available as an outcome of a postgraduate qualification. Completing the education while working and meeting their family obligations required adjustments to be made to incorporate the study commitments.

4.5 Challenges to managing the study

This theme describes the challenges that confronted the nurses during the PG journey. The theme, divided into four sub-themes, covers both the personal and study challenges they identified.

4.5.1 Feeling Unprepared

Although a concern for all interviewees, the challenges relating to the academic requirements of PGS were of particular concern for six of these nurses. These concerns included no knowledge of computer use, lack of confidence in academic ability, and no academic experience at all. Helen explained that she was unprepared for the academic process having gained her nursing qualification in hospital-based system and stated

I was lucky to begin with because I was able to hand-write my assignments because I had no knowledge of how to use a computer! I managed to get through by the skin of my teeth by [hand] writing them and that was quite good. Then they said [they] were not accepting any hand-written assignments, 'so you need to start doing them on the computer'. (...) For one assignment, I asked someone to type it for me, which was a bit of a mission and then I realised I had to do it myself. So, I wasn't ready.

Helen identified her inability to understand research data, specifically statistics, and as she was a distance student and unfamiliar with the processes or available supports, she sought assistance within her community; namely her local pharmacist.

mainly I did it independently. I did ask [for] help, really more with the (...) quantitative research. I was asking [a] pharmacist to help me just to interpret

the data but basically it was just slog. I probably would have taken double the time I think than other people would have done but I got there in the end

Jane also spoke about being unprepared for study at PG level, explaining that

having been hospital trained, and I graduated in 1976, it had been a long time (...). There was no understanding of postgraduate study or the processes or anything, so it was very daunting at that time.

In contrast, Wendy who had also gained her nurse registration in the hospital-based system, had later qualified as a midwife, so was less daunted by PGS. She explained that although this later qualification had introduced her to some of the processes of academic study, she still felt doubtful of her ability to manage at PG level of education. This self-doubt was also discussed by other nurses, based on their perception of the nursing qualification they held. As Cathy explained

I was worried about going to a University 'cause the Masters programme that I was going to be doing was through (...) University and I was worried having had a degree from a Polytechnic that I wasn't going to manage at a University level. So, 2009 I did a postgrad certificate in perioperative nursing. I then started with (...) University the following year.

4.5.2 Problematic University communication

Given the degree of specialisation in the nursing profession, these nurses sought PG education that was going to benefit their practice. To address this meant they were not always able to access their papers at local institutions, therefore enrolled as distance students at universities in other parts of New Zealand (NZ). This produced

unexpected challenges for the nurses studying distance, even though much of the resource material was available on-line. Amy described the problems she encountered from a group assignment in one of her papers. Due to the location and the various work backgrounds of her cohorts she found this challenging and frustrating, but felt this was related more to the group aspect, rather than being a distance student. The group communicated on-line, but at different times and lacked cohesion. Emily experienced similar circumstances with a group project in one of her education papers

They were filled with people from all over nursing so there were community nurses and mental health nurses and nurses from all over - it wasn't like specific nursing groups and we had a group project. (...) I was the only one from the South Island (...) and I was in a group with two from Auckland, one from Rotorua. We had to get like Drop Box going and Skype going and (...) I had had no need to use Skype so I didn't have Skype and neither did any of the other ladies so that I think - the group proposal document (...) was probably the hardest I have encountered in the whole time of studying. It was a lot of stress (...) you can't go to someone's house on a Sunday and do a project because you are miles away. (...) [And] one of the girls in our group had completely plagiarised her whole section and we had a day to re-do her whole section which was a complete and utter nightmare.

Although Emily's group were provided with a support person, Emily stated that this person only complicated things more. Emily felt the feedback she provided to the course co-ordinator was not taken seriously and although she passed this paper, felt

the additional stress she experienced could have been eliminated if the course leader had been more receptive to her situation. Emily suggested in her feedback

(1) if someone asks to do that next time I think you would be better off saying no or unless that project worth a hell of a lot more [marks], the effort that you put into it wasn't worth the mark that you get.

Julie and Grace struggled with the inconsistency of their assignment feedback. Both were students in a locally based facility with face-to-face contact with their supervisors. Julie explained that her emails to her supervisor were not acknowledged and if they were, it was quite some time after the original query.

I was quite disappointed with the level of support that I got from my primary supervisor. I was very lucky with my secondary supervisor and very lucky that she was able to give me the support that I needed, even though she was only my secondary.

Julie also found the inconsistency of her assignment feedback and marks stressful stating

one of the hindrances I would say (...) is inconsistencies in marking of the assignments, (...) a good example was my leadership management paper. It's six assignments, [over two semesters] so I basically got 5 A's in a row and then my final paper came back as a C- and it was just too inconsistent, (...) even with moderation. (...) Sometimes it was really good, (...) sometimes you'd get your assignment back and there would be loads of comments on it (...) or it wouldn't say anything!

When Grace was preparing her dissertation proposal she received conflicting information regarding the requirements. She found this experience distressing and considered withdrawing from the PG programme. She also reported receiving indifferent support from her supervisors in her dissertation

(...) I've not felt supported. I've felt very much, you go out and do it on your own, and I know that we're adult learners and we have to do that but I needed direction. (...) So, after a few months of drifting I took it upon myself to make appointments with my supervisor, even if we only met for ten minutes I'd have some sort of contact with her. (...) I felt like I had to find out everything myself (...) Personally, there wasn't the support that I wanted. (...) I expected that if I was given a supervisor to do my dissertation we would hook up, she would know what I was talking about when I talked about what I wanted to do (...) With the proposal, I didn't understand the importance of it and I went to all the study days and I'm not a dumb person, but I did not understand the importance of that.

Grace had attended the study days provided to nurses preparing to enrol in PG education, but felt that as these were given several months prior to commencing her study they failed to provide the clarity she required. Once her proposal was accepted she then had problems with whether she required ethics approval. Grace stated that as she was planning to carry out an audit, her supervisor initially said, 'ethics not required'. Unfortunately, Grace then received a conflicting message saying that 'ethics would be required'. Grace admitted she was not familiar with the process and in hindsight should have been more proactive herself.

because I'm doing a retrospective audit, my supervisor didn't think I'd need ethics, I could get head of department sign off because I was looking at notes. (...). When I'd had my 'strop' in the middle and started to arrange my fortnightly meetings with my supervisor, we talked about ethics again and she thought I did need to put it in. She told me there was somebody I could get in touch with at the university who would help me but when I went into the web site to find who that was, they were no longer working there and there wasn't a forward person to go onto. So, I pretty much did it all on my own. Had a stressful week of trying to sort out where to send it to and who to send it to, sent it off and felt happy. Done it! Then got an email back via my supervisor to say, "probably don't need ethics, probably can get head of department sign off", so just felt very frustrated (...)!

Sally completed her PG education at two different facilities and spoke about the differences in how they managed the part-time students. She explained that she found the lecturers running the nursing papers were more aware of the dilemmas relating to shift work and the extended hours often worked by nurses, compared to the lecturers in the business programme where the student base was more general.

Everybody in those papers [nursing] all worked in the health sector so he [tutor] knows about shift work and people who leave work late every day because their work exceeds their job allocation, yeah, so he was really onto that.

Annie also completed her PG education across two different facilities, finding the management of distance students differed in each location. Although, Annie was completing nursing focused papers, she became frustrated with outdated website

links, poorly presented instructions for assignments and limited response from the course leaders.

(...) [studied] at two different institutions (...) - at the first they were very supportive, really laid out well; paper really clear, lots of support. (...)I didn't think [the second institution] was very good. [The] course actually had numerous problems with the way that the assignments were presented. They weren't clear, they weren't straight forward, given poor instructions, there were old links on the web site, there were a lot of issues all the way through

4.5.3 Juggling Work and Study

All interviewees spoke about the adjustments required to manage study with rostered work. Each of the nurses managed this challenge differently but all agreed that managing their time was essential. Conscious decisions were made to negotiate allocation of time for study with work and personal lives, but unfortunately the allocation of shifts on the roster was not always in their favour. The interviewees reported failure of management to provide shift cover when they were required to attend lectures, tutorials or for assignment work, and inconsistency of shift planning resulting in a sequence of alternating shifts on consecutive days as being the most problematic. Carol related that she experienced a general lack of support from her manager, leading to her having to use alternative leave to complete her PGS.

(...) sometimes [it] depends on whether the management have got an understanding of what you are doing (...). You don't expect any favours [but] I didn't quite get good support from my manager; it was a lot of struggles with the roster and stuff. The roster was just all over the place. You would work 6

days in a row and then have one day off, [and] come back again. You've got assignments waiting. You aim for those two days off but you only getting one day off and come back to do 4 or 5 days - you are doing morning, afternoon, afternoon, morning and (...) I tried to negotiate around those areas to see what was best, suitable for me and my study (...) but no, it wasn't there unfortunately.

In contrast, Julie reported a supportive manager who was very understanding to her study leave requirements

My last charge nurse was also very supportive. If I felt I was struggling a wee bit he was very good at kind of saying (...) 'maybe next week we can give you a study day change one of your working days to a study day and work from home'. I actually did a lot of my literature searches at work (...) I think they probably knew that and were very supportive of it because a lot of it is to enhance what you are doing at work as well so I was lucky to be able to do that.

Another roster issue that affected these nurses was the lack of staff cover available when they were away from their place of work for study. Although this was out of their control, the issue was brought to their attention by their work colleagues and their managers, leaving them feeling guilty about the situation and feeling the need to atone for any disruption. Helen found this an uncomfortable situation, compounded by the fact that she was the only nurse involved in PGS at the time.

there was supposed to be back fill [cover] for us to be on study leave but that didn't always happen. We would come back to our workload or comments that

it had been busy while you were away. If we were lucky we would have some back fill but more often we didn't have back fill – [not enough] staff members (...) for the cover.

The interviewees reported having to negotiate with colleagues for shift changes or for someone in their team to provide the cover, or by using annual leave or sick leave when study leave was declined. Cathy explained that her employers handled her requests in such a way that she was forced to address the problem herself, seeking solutions that enabled her to complete her PGS.

when I started my postgraduate nursing, I had three jobs (...) and they actually all worked really well together and then I fitted my study around that. (í) what I used to have to do is, I would take leave from the private hospital on the study days (...) but if it [study day] fell on a DHB day (...) I had to then make up that day on another day of the week. So, I was very lucky that the private hospital was very supportive of me otherwise the DHB would have declined [and] there were a couple of circumstances where the DHB declined my leave and I ended up having to find my own swaps and bits and pieces

Despite acknowledging that her employer was generally supportive of her PGS, especially in her first year of study, Annie needed to negotiate for study leave in her second year which resulted in reduced leave being provided:

up front, had a discussion with my practice manager and my team leader, just to check that it was okay to have all the time off because obviously it's quite a commitment for them to release me (...) to attend placements at the institution for the course. (í) So, this year we negotiated one study day per assignment.

It has worked fine because I work four days a week then my day off, I usually (...) used that as my study day

While obtaining study leave was not an issue for Grace, due to her circumstances she found that arranging staff cover and taking any unplanned study days were more difficult due to her management role.

it's been challenging with work and I think with the charge nurse job. (...) I had a nursing director who was very pro-active. If you had an assignment due she'd give you a day to go and she'd say, "I expect you to take an hour of your day and go and do some study and things". The reality of that is quite different, it's well and good to say you're allowed to do it but to be able to get away and do it is harder. So, someone in the ward would step up and do my role. (...) depending on how good my rostering was, I would know when my study work days were in advance so I could cover someone, so it would be fine. But yes, if I wanted to take an hour to go and do some study or [have] an ad hoc study day then no, it would leave the ward [short].

4.5.4 Making Sacrifices

The nurses interviewed for this research all reported being unprepared for the level of commitment PG education required or the degree of intrusion it would have in their lives. Finding the time and space to commit to PGS involved adjustments being made, necessitating sacrifices on occasion. Sacrifices that were made resulted in reduction of socialising, reduced income resulting from reduced hours of work, sleep deprivation, use of annual leave for study, decreased participation in some family

activities and if necessary, deferment of the study. Cathy recounted the choices she made to condense her study so that she could achieve her degree more quickly.

I got half way through my studies, realised I had two and a half years to go and thought I can't do another two and a half years, so I did twice as many papers, had absolutely no social life! So, I worked full time between three employers (...) plus I studied. I had no life basically. (1) I had to use annual leave for all of my study so I although [one employer] was supportive, as in that they would give me time off, I didn't get study leave. So basically, (...) I had no holidays because it was all used on study days. (...) I was in a relationship when I started my Masters but that broke down. (...) I didn't have really any [social life]. I had a dog, so I used to see people when I was walking the dog. That was kind of my social activity; I'd arrange like a girls' meeting and we would all walk our dogs and that was about the only time that I saw them.

Helen explained that she was working four shifts per week while she was studying for Mastersø She described that managing a home with four young children, aged six to twelve, was difficult at times and her study impacted on her family and her health.

I was mindful that I've got four kids and, I probably started when the youngest was about six or seven and the oldest would have been twelve, so [it was] full on there. So generally, I'd do [study] if they were at school. (...) I also had to run a house as well so I would tend to do house work and then snap shot of stud. Generally, at night I would sit down about eight o'clock and probably go, if the deadlines were looming, 'til one o'clock in the morning. (...) I'm pleased that my marriage is still sound because that can be quite a (...) test (...) and

that I've still got friends. (...) I used to be worried when the phone went that someone might be asking me out for a cup of coffee or something because I was thinking, well if I go that's two or three hours out of my day.

A reduction of work hours meant a reduction of income for Sally. She explained that her lectures for the MBA programme were arranged to suit the full-time student rather than the working student, so she found that she had to consider her study timetable at the start of each shift. Sally had had her request for study leave declined by her employer, so she was forced to rely on her colleagues' goodwill to ensure she was released from work on time. She explained that most of the time she could arrange her roster relatively well, but as she was working in an operating theatre she could not always be relied on to take certain roles or to remain to complete any operating lists that ran late. This arrangement meant Sally would sign off early, but this resulted in reduced income.

I did request, for about eight weeks, every second Tuesday that I could be on a morning shift so I could get to a lecture at 1.30. So, I was asking to leave two hours early every second Tuesday. (...) My theatre team knew that's what was happening and I'd arrange somebody to come in if we were running over, so it was up to me to find cover. (...) [Eventually] I asked could I take (...) my annual leave to study and so that was approved. (...) I don't know how I did it, (...) but something has to give and it was my sleep cause that's the only thing left to give. (...) You know, the stress takes its toll.

In hind-sight Sally regrets not requesting a change in her rostered hours, stating that she would have requested a reduction if she had realised the amount of study time she had committed to.

I think I would talk with my manager and say, “I want to pull back my working hours”, because (...) I would never put that pressure on myself again to work and study. It’s hard!

An ongoing challenge of juggling work, family and study commitments that impacted on all the interviewees was extreme tiredness and stress: as Sally stated that was *the only thing left to give*. While none of the nurses described this as ill-health, they all spoke of the stress that assignment submission deadlines produced, and deadlinesø being met was often at the expense of sleep. Helen explained that when she had a submission deadline approaching that it was not unusual for her to be working until the early hours of the morning and she stated that by the end of her PGS she was exhausted.

I’m quite an active person but during those sort of study periods I certainly wasn’t as active as [usual] just because of time constriction but (...) and I probably put on (...) 2 or 3 kilo [and] I was perpetually tired. (1) waking at night thinking about your assignment; what you could re-jig in that sentence to make it sound better and probably being more irritable with family and cutting corners as it were for family life. Meals became a lot quicker, which again impacts on your health status. (...) It probably took me a year to get over it, because I felt absolutely exhausted! I felt physically spent!

Annie stated that she struggled to stay focused for her study while integrating it into her busy life.

I found time management was difficult I had to really at home you know managing the time, because I hadn’t studied that intensely for quite a long

*period of time. I had to be very disciplined at getting things done when I need to and your social life sort of gets put on hold. (...) The main thing is being focused and keeping and setting aside time and it's very difficult to get a study/ work/ life balance when you are trying to juggle your job and do your study and have a social life, it's very hard **but** when you know it's only for a fixed period of time!*

Deferment of study was needed for two of the nurses when a family member became extremely ill, resulting in additional time for the study. Due to the conflict of work and PGS, Grace decided to make changes at work, stating

because of my studies and work life balance, I've changed to a RN role and part time. (1) I think probably in the charge nurse role I was knackered. Looking back now, very stressed, which impacted on my home life.

Funding for PG education is available through funding agency, Health Workforce NZ (HWNZ), for registered nurses, if they meet the funding criteria. So, due to their place of work or the specialty they worked in, payment of study fees was not an issue for ten of these nurses. The two nurses who failed to gain financial support for their PG education were forced to address this issue by whatever means they could. Sally, working for a private organisation when she was studying, was told to cover her own fees and to seek reimbursement when the study was completed.

I was told to 'come back when you're finished' and then when I went back, when I was finished, they said that they'd look at it and then that's like three years - two years ago and they just never did.

In contrast, Cathy managed her situation differently. Working for three different employers she was unable to meet the HWNZ funding criteria, so she applied for and gained numerous scholarships available for nurses, then supplemented the scholarship funds by publishing assignments that had achieved a good grade

I applied for lots of different scholarships like through NZNO (...) and when I'd done a good assignment, I published papers in the Dissector [nursing journal] to get paid for it and I won an award for one of the papers which gave me another \$1,000 dollars toward my student loan. (...) The RNFSA papers, because they were the first time that they were being run, they were paid for by Health Workforce NZ.

Given her failure to obtain study leave to attend her tutorials, Sally would often arrive for her tutorials with minutes to spare so would park her car as close as possible to the university with no regard for the parking time limits, only to return to parking fines. Although she was philosophical about the numerous parking fines she received, she had not anticipated the hidden costs that became part of her study obligations

You don't ever account for probably, a thousand dollars of parking tickets. Because you had to do that group assignment, that was the only time after the lecture and you stayed there and knowing full well that because you came rushing from work, (...) you suck up the parking ticket

This theme has described the challenges these nurses encountered during their PG education journey. An early decision they made was that their study had to take priority. To meet the associated challenges they experienced, sacrifices were needed

to juggle work with the study. These challenges included, feeling unprepared for the processes involved in academic study, the degree of commitment required and the impact this would have on their personal lives. They secured support from whatever sources available to manage these challenges in order to gain the time and space needed to complete their journey.

4.6 Supports for Managing

Going back to school for PG education was, for these nurses, about balancing the integration of work, study and family. The time and space needed for PGS was a challenge they needed to manage relative to the obligations they had prior to recommencing study. For the twelve nurses interviewed, support was drawn from various avenues to ensure success in their drive for a PG qualification. As discussed in the previous section, the nurses made sacrifices in their lives to meet the commitments of their academic agenda, negotiating with employer, study facility, family and friends for support in this. This theme, divided into three sub-themes, describes the support mechanisms used by the interviewees.

4.6.1 Work-based supports

All interviewees discussed the support provided to them by their employer through considerate rostering, payment of study fees and paid study leave (through HWNZ), flexibility of hours for extra study leave or use of work 'down time' when appropriate. Although not all these supports were provided for all interviewees, there was evidence that those nurses working for the District Health Board (DHB) found the level of support provided was beneficial in their PG journey.

Of particular significance to all the interviewees was the support provided by their colleagues, nursing and medical. They emphasised that this support was openly and graciously provided. It included flexibility in the rostered shifts ó adjusting their own shifts for the PG student, editing written work, explaining referencing styles and mentoring or supervising to sign off any of the students' clinical papers. Liz, a distance student, was able to complete a clinical paper with the support of a medical colleague

Actually, one of the registrars mentored me for one paper, I needed to find a mentor and they recommended, like a nurse specialist or something but our nurse educators are not actually (...) on the floor (...) and I didn't actually feel that they'd have the skills to be able to teach me. I went to one of our registrars and he took me through medical assessments and signed off my paperwork and it was great.

The interviewees who worked with nurses who had previously studied, availed themselves to these colleagues in various ways, seeking guidance when struggling with interpreting research data, especially understanding statistics, and accessing offered resources, especially when time constraints imposed by work did not allow access to university library facilities. They also identified the importance of the moral support they received from their work colleagues, stating the importance of this was only fully realised when they had completed their PG education. Julie explained this

the girl I shared an office with, in my last job, as she was a wee bit ahead of me and finished her masters probably a year and a half before me, she understood and offered to read through my work, (...) and in terms of lit

searches or just 'nutting' things out then she would always listen. I could kind of walk next door and access [colleague] who worked there and she was such a great source of knowledge, so I accessed her a wee bit in terms of literature searches.

Wendy also accepted the offer of resources while she was studying and found the informal collegial discussion helped her too.

Somebody else at work had already done the course (...) so she had a lot of text books. I could borrow those and she did have a lot of resources and stuff, but you still had to do your research and stuff like that. (...). And I guess informally, just talking amongst your peers, a lot of people had studied and people were more than happy to help you

Sally found the moral support she received from her colleagues helped lift her spirits when she was struggling to integrate her study with work; working long hours and fitting study into what would normally be her sleep hours.

It is so hard and so stressful and you are just juggling shifts all the time and it hangs over you (...) my colleagues were great they'd be "How are you going? How's it going? What are you learning about?" and they would genuinely be really interested but I think I was really fortunate you know. I was pretty tired and I'd think 'oh I've got something [due, I need] to go [home]' and you know a couple of times I've said 'I'm actually pretty stressed at the moment' and they'd say "come on, we'll have a cup of tea" .

Other work-based support of benefit to ten of these nurses was the payment of course fees, and paid study leave. These nurses stated this was important for them as

without this assistance they would not have been able to participate in PG education. Julie found that she could identify the required study leave in advance and this assisted her manager to plan the unit roster in advance.

I was fully supported so I applied for study leave, (...) when you get your letter back saying it's been approved by the Director of Nursing and (...) it comes with already set study days. I would just liaise with my charge nurse and say the blocks are 12, 13, 14th and then he would just put me on study leave

Wendy was also funded through HWFNZ which was influential in her decision to participate in her PG education.

I got funded through the [health] workforce (...) so I haven't had to pay anything out of my own pocket – which, if I did I don't think I'd study

4.6.2 Family Supports

As previously discussed, integrating study into already busy lives took considerable negotiation and sacrifice for the nurses in this research. A crucial support for them was the support provided by family; with them stating that without the support of family they would not have participated in PGS. Family support enabled them to achieve some degree of work/life/study balance, while also providing the time and space they needed to complete their assignments and prepare for exams.

Returning to study following maternity leave made Amy realise how important it was for her to manage her time better, especially when also returning to work. She explained that she needed boundaries to balance her study with her family as she chose not to forgo family time for her study

I was really strategic once I had my son. I didn't want to be studying in family time so I tended to study when he was sleeping when he was young, so he would go to sleep and I would study. (...) when I went back to work I put him into one full day of child care, I worked that day one week and then studied that day the next [week]. When I came to do my thesis, (...) mainly the writing up (...) that took a lot of time, he's always been a really good sleeper, so I did it when he was having his afternoon nap. [When] he was at pre-school really early on into my thesis it was great 'cause then he got the 20 hours free child care so I always got, usually one or two days where I could study without him and so it worked really well. He was ready for that child care so I didn't feel any guilt about putting him in there while I was studying. I could (...) drop him off, go for a run, come home, study, go and pick him up (...) and my shifts - I always managed to work them about a bit as well, so I always had some good study time each week

Those with children sometimes had to withdraw from home and family to have study time without interruption. Julie described the efforts made by her husband to manage their young children while she studied

My husband was very supportive, a good example (...) I'm really running out of time for the next assignment. I'm really going to have to study Sunday afternoon - not that I have ask permission but it's, you know, like a partnership thing. So, either he would take the kids away or I'd lock myself away and pretend to leave the house and then I knew I would never get bothered by the kids. That support was really good.

Helen also described her husband managing their children and home to enable her to focus on her study

My husband [was] absolutely supportive but it was quite good, because he's got nothing to do with anything medical, so his support was quiet support. He would say "you have to do what you have to do", and so he just did try and (...) help and (...) I didn't need to worry about him. He could look after himself.

Other forms of support provided by family covered proof-reading or editing written work, doing the housework, and boosting their morale when the nurses lost study focus. Grace explained that her husband could assist her with the academic work

I have a very supportive husband, who's also quite academically minded, so he reads all my assignment and helps me with that

Cathy described having her mother clean house for her, so she could focus on her PGS, while Jane gained moral support from her family when her children began their tertiary education.

After the 'quake (...) the kids were studying, or two thirds of the family was studying, it was just what was going on. (...) so, my daughter and I were able to share the house sufficiently that there was enough room for us both to be spread out and not have to pack up every time. We wanted to you know, move on from what we were doing [and do] just whatever else had to be done!

4.6.3 University Support

Accessing university student support was a challenge for these nurses, and there was limited reference to it in these interviews, with most referring to the frustrations associated with this. The university-based supports that were discussed by the nurses were use of the library services through on-line databases and courier delivered textbooks, access to on-line lecture and tutorial sessions and communications with their study supervisors. For the nurses working shifts and attending local universities, attendance to lectures and tutorials was not always possible due to the university timetables clash with roster timeframes. Whereas those studying as distance students found having their lectures and/or tutorials on-line hugely beneficial, as they could access these at any time, enabling them to study whenever and wherever they had available time. This was explained well by Liz who stated that she was able to manage her down-time between shifts for her study, also stating location within the country being no deterrent to undertaking PGS.

They gave me access so on a night shift if nothing was happening I could sit down and study but you never ever count on that being available, and (...), so in between the shifts I can sit, I can work it around my shift work. I don't have to match tutorials and classes. They are all available recorded it's good if you can go but they're recorded, so you can turn up, review it later in your own time.

(...) no, it hasn't mattered. I've done all my study [while] I've been based in [town] but I've also managed to take two holidays overseas during that time one of them I spent a month travelling around Europe and before that I was able to look ahead at what course content I'd have to do and basically spent a

month before hand jamming it in. I checked in a few times on line from like overseas and if there were any pressing matters I sorted them out but I managed to get everything done.

Liz explained that her tutors were aware of this and supported her. She also used the university library courier service to obtain textbooks, and research articles she struggled to acquire.

All the interviewees found their university libraries particularly accommodating, with the distance students acknowledging the courier delivery of textbooks, in particular. Amy, Carol and Cathy also explained their use of the university library courier service for textbooks, while their journal searches were via the university on-line databases.

Obviously, I had access to the library (...) but also on-line and I think by the time I got very savvy at it, I could access most things on-line, through their on-line databases and journal searches. (...) But also, I definitely had them send me books (...). It was always good if I was going back soon because I could just take them with me and return them. (...) later on, when I wasn't really going up [to university], I'd have to pay to post them back which wasn't so fun (...) but most things I just used on-line (...) databases. - Amy

Several of the nurses explained the need to communicate with their supervisors when they became overwhelmed with their obligations to work and family, forcing them to request extensions to submission deadlines, or suspension of study. Cathy and Carol explained that with their forty-hour per week work load, they requested extensions for assignment submissions on a couple of occasions without any issues. Carol also explained her need to adjust her study timetable when she suffered a back injury at

work. The injury prevented her from sitting for lengthy periods and this affected her study,

Unfortunately, I got unwell. I had terrible back ache and I had to stay at home for almost 6 weeks. (...) that was the time when I needed to do the assignments, but I had to ask for some extensions because I couldn't sit because of my back, any position was just a nightmare.

Jane was forced to request her suspension of study when a close family member became very unwell. Initially she attempted to manage her study with deadline extensions, but sought a suspension in order to manage her health and family, before she could complete her PGS. She explained that she received great support from the university during this time

the tutors were brilliant because I just needed time out. I got extensions on all of my assignments, then put the second part of it on hold and that was active actively encouraged and supported (...). So, they were very understanding and I sort of tried to plod along a little bit, having spoken to the tutors [and they] gave me all the time that I needed to complete the first assignment and then I just staggered everything as I went along.

Eight of the nurses interviewed were studying towards a Masters qualification, of these only two nurses stated they struggled to gain the support they had expected from their supervisors. The remaining six stated they had no issues with communication with their supervisors with comments such as these being made

I have two supervisors one's based in the Hutt and one's in Napier but they are all available on email and phone (...) and they are readily available by phone and they answer their emails pretty fast - Liz

they were always accessible on line. They're really good at responding to emails or that kind of thing - Cathy

This theme has presented an account of the supports accessed by the interviewees. These supports were essential in achieving any degree of work/life/study balance while completing PGS. As the discussions regarding the university support centred predominately on the hindrances, rather than any benefits they gained from these universities, they stated that acceptance of the study by family members was essential. All interviewees felt that employers and work colleagues had invested interest to support the PGS as explained in the following theme.

4.7 The Gains

This theme, divided into two sub-themes, defines the gains the nurses felt they achieved from completing the PG journey.

4.7.1 Greater professional confidence

All the interviewees described the sense of achievement they gained from the PG journey, admitting it had been hard. The interviewees described a degree of professional and personal confidence they had not previously had, explaining they think differently, reflect on their nursing practice to a higher degree and communicate better. While completion of the study provided them with new

knowledge, and skills, it also provided opportunities relevant for use in their nursing roles.

Carol had, prior to her PGS, recently completed a new graduate nursing programme, so following completion of her PG diploma she noticed changes within herself and among her colleagues

my confidence itself has been boosted. I'm dealing with post-surgical rehab [patients] with multiple co morbidities and we get to assess patients under our care. So now I can tell because my advanced health assessment paper taught me how to do all those things; like if someone presented with this what could it be? (...) and to think outside the square. It might be this, but it can be this, or it can be this. (1) what is the patient presenting with and what is their status in terms of whether they are eating or drinking and stuff? (...) I'm able to even role model to other nurses!

Following completion of specific nursing papers contributing to a PG diploma, Annie found confidence to carry out research, and present her findings to employer and colleagues within the medical practice implementing policy and practice change based on the evidence she had sourced. She also negotiated with her employer to facilitate a new clinic within the practice using the new knowledge and skills gained from her PGS. She identifies this as being a direct result of the PGS.

I researched about that [clinical practice], did a presentation, had a discussion with the team and now we've put into place; total change of policy and protocol (...) we're doing it because we've got the evidence base behind it. (...) This year's all been about diabetes and what's come of that is that I'm

now going to set up a diabetes clinic at my practice in the new year. So, the focus really is for me to put back now what I have learned and taken from my postgraduate study. (1) My aim really is that the patients that we have at our medical centre are benefiting from the knowledge and the skills that I've learned so that we can deliver our services to give a better service to the patient. (...) I put through a proposal for what I wanted to do and that came back with overwhelming support so they have been very supportive. (...) even though I would have had some set of skills I probably could have done it but I wouldn't have had the confidence to take it forward. It's just being able to improve my ability and confidence to sell myself perhaps a little better [and] to be able to sell a service or you know see something that's missing and try and improve it so, no I definitely wouldn't have done that before I did my postgraduate study.

Annie described reflecting more deeply about her nursing practice and also using her new research skills to benefit her practice

I suppose the advantage of doing postgrad study is that you start to look at whatever the subject matter is that you are studying in a much deeper way. So, by having that opportunity to go away and read the research you are having to look at research, you are having to look at what's gone before, what's been done, how it relates to what you are doing, so yes, do you automatically get more of a link between the theory and your practice.

Liz also found new confidence in her assessment and interpretation skills, enabling better communication with her medical colleagues

I learn by doing so I've been able to apply everything to my role and that's how I've reinforced what I've been learning. (...) We spent a month (...) learning about blood gas interpretation and now I'm in ED by myself and I do a blood gas and I can ring the doctor and be like look this is not right. (...) the area I work in, as I said, we we're expected to do more than your average nurse and we don't have enough staff to constantly support people who can't work at that level. (í) often there's also less medical staff so you need to be able to recognise that something is really wrong in order to call the Doctor.

Amy acknowledged the benefits to her practice were beyond the research skills she gained. She explained that she thought more critically about her knowledge and was more aware of linking this to her nursing specialty. She found herself increasing her knowledge gains by choosing the topics for her assignment in a manner that linked back to her nursing specialty; she adapted her study to her specialty.

you would get an outline of whatever the question was for that assignment and I would choose it in a different area of [specialty] that I wanted to look into (...) so that I wasn't just gaining what they were trying to teach me, I was gaining even more. I was gaining more knowledge.

For the interviewees who were studying as a requirement of their nursing role, they saw their new knowledge reflected in how they practiced. Jane's management role entailed using her new knowledge to improve work processes within her unit. While unable to introduce some of the systems she was interested in implementing, she found value in the ways she now supported her colleagues. Jane identified a level of confidence in her practice

and her decisions following her PGS while reflecting on her background of being a *hospital trained* nurse.

I think how to go about change, because it's very much an ongoing thing for us and just understanding personalities and things like that. (...) I certainly feel confident helping or providing support to the girls that I work alongside who have studied since. I will often review what they are writing. I feel very confident recording references these days which I wouldn't have had a clue about initially when I started. I am used as a resource all the time and I don't have an issue with that and I'm more than happy and the girls know that. I wouldn't have had a clue how to go about it [before].

Jane explained that prior to her PGS she would not have contemplated doing any of these activities. An additional benefit Jane noted was that she finds she is more composed than previous when resolving work place issues.

I'm more confident in dealing with some of the difficulties (...) in dealing with staffing challenges, both nursing and medical. I think I'm perhaps are a little calmer and think before I speak now, whereas once upon a time ...

Helen also acknowledged the changes in the manner she managed her practice. She now challenges herself professionally, participating in quality activities she had previously avoided, stating PG education has been influential in all aspects of her life.

I feel more confident um about my practice and how I articulate what I do. (...) I've put myself in that position where I can say to people, I have got the

information. For instance, last year I did an audit when I would never have done an audit and I absolutely enjoyed it - which is another worry!

Helen added that she feels the Mastersø qualification has provided a level of professional credibility, and gave her the confidence to apply for a senior nursing role she would not have looked at prior to this education.

I did secure a nurse specialist role [at work] (í) I've probably got to the top of the level now. (...) it was easier for me to walk into [teaching facility] with a Masters' and to say, "do you want me?"

Following completion of her PGS Julie moved into a nurse manager role, a position she explained, she would not have considered prior to her PG education. Julie believes this to be due to her increased confidence in herself, professionally and personally.

I do think post grad study changes the way you think. (...) [and has] given me the confidence as well to go for opportunities

4.7.2 The bigger picture

An unexpected outcome of the PG education in six of these interviews was the -bigger pictureøview gained by the nurses. This perspective was unanticipated but an aspect they all decided was a rewarding addition to their practice. The interviewees discovered it in their tolerance of colleagues who had no desire to engage in further education, in their approach to educating junior colleagues, more reflection of their own practice, better self-discipline, and time management. Those nurses who completed nurse management and nurse leadership papers had more understanding

of the budgetary issue within the health arena, and more active involvement in improvement within the workplace.

Sally noticed she had a greater appreciation of the knowledge and skills of older RNs in the perioperative specialty. Having decided to complete PG business studies as well as PG clinical nursing her thinking had changed, giving her a different perspective of the traditional nursing model, and she learned that she had a greater appreciation of the knowledge and skills of many of her work colleagues.

the HR paper was really interesting, a lot of people were saying "I've got nurses who're (...) in their last few couple of years before retirement and their KPI's are only kind of making 60%, in any other industry that's no good to your organisation but in nursing it's actually different. Because the skill and the experience and we want the craft transfer - but it's hard manual labour [nursing], so at what point do you give a little bit of slack? To say, 'actually, we value you as a person', so yeah, really look around. (1) As we move forward and our baby boomers retire, someone's got to be responsible for getting the knowledge and implanting it into the health system 'cause the underpinning of nursing is we are the caring profession. But if we don't have any good leadership and we don't have any good systems to work within (...) or if we don't think that we can actually implement something because we've too many barriers then we are never going to move on as a profession

Cathy also related being less irritated and more tolerant of the day to day aspects of her practice. She stated she appreciated being able to 'see the wider picture' and feels more RNs would benefit from PG education to improve the profession.

I think that I enjoy my job more now because I understand more. (...) I think that there's lots of nurses that need to do postgraduate study, I think it would help [the profession]. It gives you a wider perspective, when you are just doing your job day in day out you don't always see. I'm less irritated by things now cause I kind of see the wider picture

Liz also notice more tolerance on her part, especially when working with older, experienced nurses

(...) So, a lot of my colleagues are operating at that level [advanced nursing] without any formal qualification, and that's the only thing that's separating us. (...) I respect their knowledge and I also respect that they don't want to study. A lot of them are older and they just say, well we've got 15 years left working why five years of study? and I can understand that as well

Having completed clinical teaching papers as part of her PG education, Emily discovered she was using improved communication techniques with student and junior nurses. She admitted she understood their education requirements better than she had previously.

I had a new grad which was a challenging experience. She was from another country and so her understanding compared to other new grads was completely different and it made me completely re-look at how I taught and switched everything around, so I think that it definitely has helped that way.

The nurses who had completed nursing leadership and management papers identified a greater awareness of the organisational bigger picture; acknowledging new insights to the funding allocation aspect of the health industry. Sally recognised the

importance of this in the private health sector, while Liz, Jane and Wendy understood this better through the failure to implement a process change and also through committee participation in the public sector organisation.

Liz found herself working on a hospital planning committee for her organisation

the hospital's getting rebuilt and we are going to a whole new model of care and I've manage to somehow get myself involved in the rebuild

Sally reflected on the insight she gained from a greater understanding of the costs associated with employee performance and the related impact on the health consumer.

So, it's really opened my mind up to the fact that everything you do costs and who's paying for it? ...and at the end of the day each and every one of us is paying for it 'cause otherwise our insurance premiums will go up and then the waiting lists will get longer! So, it's made me really think that we need to be accountable for our actions...

Jane shared her frustrations relating to the failure to have an initiative implemented that would have seen improved process efficiency in her department. Although she recognised the economic reasoning behind the decision, she also understood the long-term economic value of the changes she was proposing.

Amy explained how much she had enjoyed the research aspect of the Mastersø degree. She had focused on instilling as much of her specialisation as possible into her degree that she had become eager to share her findings through publication and conference presentation.

I'm so passionate about my research and the results that I have and I'm really passionate about publishing and presenting the results as well. I'm on organisation committee for the first Australasian [specialty] conference in Sydney in December so I'm presenting it there and then presenting it more locally here. In regard to education... now I feel like any future education I would like to do ... there's more opportunity or career opportunity attached to it. For example, I would be interested in going to do nurse practitioner but before I did that I'd want to know that there was a role ... There is a lot of service development within my role so that sort of facilitates that or sort of enables creative and knowledge gaining. ... so, there's no immediate plans to enter into more postgraduate education but I do really like it and really loved doing the research so am definitely not against going further and have discussed with my supervisor ... the idea of a PhD. I don't think I could do a PhD and have a family and work in the role that I have now [but] I think shift work made it a lot easier

Amy had not initially thought this far ahead, but following disappointment of failing to gain a specialist role she had coveted, Amy had begun to think of alternative options for using the PG education she had completed; an unexpected element she had not previously considered. She now enjoyed the position of having more options available to her through completing her PG journey.

4.8 Summary

This chapter has presented the results from this descriptive study. Thematic analysis has identified themes relevant to the nurses' experiences during their journey to achieve a postgraduate nursing qualification, recounted in the nurses' voices. The

results of the research have shown how the nurses managed the multiple issues related to work/life/study balance as they continued to work while studying. The nurses also provided evidence of how their perception of themselves and their practice had advanced because of this postgraduate nursing education.

Chapter 5 - Discussion

5.1 Introduction

Internationally postgraduate education is acknowledged as significant for career development for RNs, especially in the preparation for advanced practice and specialty nursing roles. Advocates of PG education for RNs state that it enhances nursing practice through increased confidence, enabling better decision making and contributing to greater understanding and use of specialist nursing knowledge and skills leading to better patient outcomes (Black & Bonner, 2011; Cotterill-Walker, 2012; Levett-Jones, 2005; Johnson & Copnell, 2002; Whyte et al, 2000). This research utilises interview data from twelve NZ RNs to explore their PGS journey and how they managed to integrate study with work and family. As there is no evidence of any published research in NZ exploring the PG journey of RNs, this research endeavours to address this. The key issues identified in the findings related to the PGS journey are discussed in this chapter.

5.2 Why do they do it?

International research indicates that RNs embark on PG education to improve depth of knowledge related to perceived knowledge and skills deficit, professional credibility, aspirations of better job opportunities and, intellectual and personal satisfaction (Bahn, 2007; Davey & Murrells, 2002; Dowswell, Hewison & Hinds, 1998; Gerrish, McManus & Ashworth, 2003). The reality of nursing is that the rapid pace of technological advancements, increasingly complex patient health needs and the need to maintain current knowledge encourages nurses to ongoing education. The nurses in this study all stated they wanted to improve their knowledge and improve

their status within their specialty, acknowledging that both reasons were equally important. As seen in the research, nurses pursue PGS for both personal and professional recognition and achievement (Clark, Casey & Morris, 2015; Gerrish, et al, 2003; Joyce & Cowman, 2007; Levett-Jones, 2005), and the participants in this study believed that by completing PGS their personal and professional credibility would increase. These were experienced nurses, with a variety of previously gained nursing qualifications, nonetheless they rationalised that enhancing their knowledge through gaining a PG education was fundamental to this recognition.

Choosing PGS was a recognised pathway for four of the twelve nurses who wanted to work in advanced practice roles, and they chose specialist papers relevant to the career pathway to achieve this. The PGS journey for these nurses was no less challenging than the other research participants, but they needed to ensure they were choosing the papers necessary to meet the specifics of their nursing role. According to the NCNZ scope of practice for Nurse Practitioners (NP), an approved clinical Masters degree is a prerequisite for nurses who choose to become NPs (NCNZ, 2017), while nurses wanting to work in an expanded practice role must have completed PGS including specialty specific papers (NCNZ, 2011b). The remaining nurses had recognised, or been advised by management, that PGS was necessary for their career advancement. As a result, these nurses took a more adhoc approach to their choice of papers, such as identifying perceived knowledge gaps and choosing papers to correct the gaps, thereby gaining knowledge that could be immediately transferred to their clinical practice. Bahn (2007) describes this perception of knowledge deficit as a strong catalyst for participating in PGS among the nurses in her UK study, especially as nurses recognise the need to maintain a high level of practice competence to ensure provision of safe quality health care.

Motivation for three of the interviewees was based on their perception that obtaining a PG qualification would enhance their UK diploma in nursing. NCNZ (2015) nursing workforce data indicated 26% of the 50,356 RNs practicing in NZ were internationally qualified nurses (IQN). IQNs are an increasing source of nursing workforce in NZ, with highest number originating from UK (2015). The IQNs in this study, concerned that their UK diploma lacked credibility in an environment of degree qualified RNs, elected to use the PGS pathway to improve their educational status and their perceived lack of professional credibility. Each of these nurses identified feeling more confident when interacting with other healthcare professional following completion of PGS. This notion of professional credibility was also identified in international research as motivation to obtain a PG qualification; the nurses noticed a higher degree of trust in their nursing knowledge by other health professionals following completion of PGS (Gerrish, et al, 2003; Watkins, 2011). All the nurses in this study described being aware of greater trust existing among their colleagues, especially their medical colleagues, following the PGS than they had noticed previously, in particular, noting they were communicating more effectively.

5.3 Managing the Challenges

While conducting the interviews it became clear that, although these nurses had made similar decisions and had had similar experiences, how they responded to the experiences differed. All these nurses were motivated to learn, they were comfortable with the decision to return to study, but experienced varying degrees of apprehension about returning to study as adults. For eleven of these nurses this apprehension was due to the time lapse since they had last been students. For one nurse, the apprehension came from the level of academic ability she anticipated of PG

education. She had more recently qualified as an RN and she recognised this level of study would be more challenging and she questioned her academic ability. The apprehension for all the nurses was tempered by the fact that each of them felt that the time was right for PGS; right time for family and for their place of work.

Participating in study after a long period away can be accompanied with multiple challenges. Integrating study into an already busy life will cause conflicting demands on the student throughout the study, and returning students are often adults choosing to study part-time (Kember, 1999). RNs pursuing PGS conform to this assessment and as adult learners bring a multitude of pre-existing family, work, and social obligations to the PG journey. The nursing practice environment is often characterised by fast-paced, noisy, high acuity patient needs and high patient loads producing stressful situations. Integrating PGS into the lives of these nurses involved negotiating and prioritising their responsibilities, often needing to make sacrifices to meet the study requirements. The nurses participating in this study were all females, six were parents, they all worked in busy clinical environments in the health sector in Canterbury and the West Coast, NZ. To prioritise their study they described juggling work and family, and placed their socialising on hold until their PGS was completed, signifying the personal cost involved for all these nurses.

International research recognises domestic and family responsibilities as a strong deterrent to nurses participating in PGS that requires negotiation and sacrifices for nurses who choose to study (Cooley, 2008; Dowswell, et al, 1998; Timmins & Nicholl, 2005). All the nurses in this study stated support from family was paramount and without this support they would not have succeeded in their PG education. Having made the commitment to PGS, these nurses rearranged their

social and domestic lives, rather than their work commitments to have some a degree of balance in their lives. Consistent with the international literature was the personal cost these nurses paid during their PG journey due to the efforts required to juggle their personal, professional, social and academic roles and obligations. Spending time with family was important for all the nurses but unfortunately this was not always possible. All these nurses were in relationships prior to the PGS and stated that participating in PGS affected their relationships to a degree, as their partners were often side-lined when assignments or exams were due, and one nurse revealed that her relationship did not survive her PG journey. Changes at home were necessary, especially with domestic responsibilities, and reliance on their partners was necessary to prioritise their study. The six nurses with children stated they had no childcare problems, mainly relying on family but also using childcare facilities as required. By using the free allocation of time in early childcare facilities and juggling shifts to accommodate this arrangement, they managed their childcare without major problems. These nurses admitted to feelings of guilt related to relying on others to care for their children, but accepted these changes were a consequence of their situation at that point in time. They understood the situation was time-limited. Amy explained her decision to use childcare when she returned to work following maternity leave and while continuing to study stated, her son "was ready for that child care, so I didn't feel any guilt about putting him in there" – her explanation indicated she had anticipated this would happen. While the nurses with older children negotiated directly with their children for time and space to study.

Timmins and Nicholl (2005) identify loss of personal time as highly stressful for nurses during their study journey. For the RNs in this research it was an ongoing struggle to balance their study-load with work and family obligations, forcing the

nurses to manage their social networking differently. They used any personal time to combine activities, such as exercising the dog with like-minded friends, and avoided casual invitations rather than loose valuable study time. Friends were sources of motivation to study, editors of written work, sounding boards when nothing made sense; as some friends had already completed PGS, and they were just there for the nurses. For some of the nurses their work colleagues were part of their social networks, so contact at work helped meet their socialising needs.

Sleep deprivation was described by all the nurses as they managed the heavy study workload with their rostered work and family commitments. Fitting study around children often meant the study was done after family had gone to bed, weekends were filled with study and holidays had to accommodate their academic timelines. Extensive international nursing research strongly links fatigue in nurses with performance deficits and unsafe practice issues (Barker & Nussbaum, 2010; Hazzard, Johnson, Dordunoo, Klein, Russell & Walkowiak, 2013). Nursing is a physically and mentally demanding profession, often requiring RNs to rotate through shifts covering twenty-four hours each day, managing demanding workloads. Although none of these nurses identified performance deficits, this was a potential risk for each of the nurses in this study. Management of the shift roster was not always conducive for these nurses to manage their fatigue levels, and although reducing work hours was an option; this was accompanied by a reduction of income.

5.4 Funding and study leave

For the nurses employed by the District Health Board (DHB), funding and study leave was provided through HWNZ, but for those nurses working for employers not MoH funded (CDHB, 2017) and outside the HWNZ funding schedule, access to

funding was limited. HWNZ funding was used by ten of the participants who were employed by MoH funded organisations. These nurses reported that without funding they would not have pursued PG education, as the expense was not justifiable due to there being little or no monetary recognition for PG education unless associated with job promotion. The two nurses in the group unable to access this fund managed their study expenses in different ways. Sally worked for a private hospital and was unable to access HWNZ funding, so she applied to her employer but her request was declined. Failure to gain this support compelled Sally to self-fund both her PG nursing diploma and her business Masters. Initial advice from her employer led her to believe that some degree of reimbursement was possible following completion of her PGS, but this did not eventuate. Cathy worked three jobs while studying so she understood that her situation would exclude her from HWNZ funding, due to the hours she was employed at each organisation. Cathy's solution was to apply for nurse education scholarships, gaining significant amounts to cover considerable portions of her study fees and, also publishing in a national nursing journal any assignment gaining good marks. Lack of employer support for PGS is a deterrent for many nurses to participate in PGS in NZ, and internationally (Dowswell et al, 1998; Murphy, Cross & McGuire, 2006; Spence, 2004a). Given that NZ DHBs are the major employer of RNs in NZ, HWNZ funding is available for many of the over 50,000 nurses in the nursing workforce. For those who fall outside this funding schedule there are other avenues for funding access, such as Cathy did applying for nursing study scholarships. These scholarships are available to nurses for PG education through agencies such as NZ Nurses Organisation (NZNO), health service agencies such as Primary Health providers and universities providing nurse education. For Cathy, the scholarship funding provided one less barrier to her study,

while Sally lamented the cost of her PGS resulting from her need to self-fund her study. Some course related costs were unanticipated, such as printing, parking costs and fines, and reduced work hours which were consistent with findings reported by Chaboyer et al (2001).

None of these interviewees considered financial remuneration as incentive and acknowledged that this factor was highly unlikely to happen, unless they gained promotion. Spence (2004a) cited this lack of remuneration as a deterrent for some nurses to pursue PG education, which is consistent with international research, as nurses claim costs of university fees, loss of pay through reduced hours of work and other associated costs as being a major deterrent for nurses when PG qualifications are not recognised with any salary increases (Chaboyer, et al, 2001; Dowswell et al, 1998; Joyce & Cowman, 2007).

The need to self-fund PG education as experienced by Cathy and Sally is, unfortunately, common in NZ. A finding from a recent snap-shot survey, by NZNO (Carryer, 2016), showed thirty percent (30%) of nurses in this survey were self-funded. The respondents defined their self-funding options as being sourced from personal funds, student loans and employer contributions. The RNs who self-funded had done so for a number of reasons including being unaware, being discouraged or being unprepared to attempt the application process, plus the RNs who were within the HWNZ exclusion zone (2016). RNs have related, anecdotally, the disappointment they experience when their application for PGS funding is declined and this discourages them from reapplying.

At present HWNZ is consulting with key stakeholders in NZ health sector education to review the processes and funding structure of the funding allocation for education

(Nursing Review, 2017). The present structure allocates 63% of the HWNZ education fund to the medical profession, with twelve percent (12%) of the remaining fund allocated to nurse education. The disbursement of this fund is tightly ring-fenced by HWNZ and along with other post-registration nurse education; PG education receives an allocation (2017). There is strong support for improvement and equity of funding for nurse education especially with the increasing numbers of nurses gaining a PG qualification. Carryer (2017) states there are approximately 4,000 RNs with clinical Masters and almost 300 accredited NPs presently in NZ.

Apart from requesting employers to provide financial assistance, these nurses needed to have study leave to meet their study obligations. The costs of the study leave and back fill were met by the HWNZ funding for the DHB employed nurses, but if there was insufficient staff to cover the study leave, the leave was either unavailable or if it was taken the remaining staff managed the additional workload without replacement nurses. Although not all these nurses experienced this, they described feeling guilty that their absence had impacted on their colleagues' workload. Staff cover was a particular problem for Grace due her management position. She was required to roster cover from her staff which reduced staffing levels in the unit, as her replacement was not covered. Discussion with nursing management failed to gain any appreciation of the related issues and she was told repeatedly to 'just take the leave'. Being cognizant of the impact her absence would have on the unit staffing often prevented her taking study leave and eventually contributed to her decision to resign from the management role.

Limited access to study leave has been identified as an issue for nurses internationally and nationally, as availability is dependent on staffing levels and

workload demands (Cooley, 2005; Dowswell et al, 1998; Rolls, 2005). Dowswell et al described nurses using rostered days off or negotiating with colleagues to cover their absence for study, while nursing managers offered limited support for PG education. For the nurses in this study, finding time to complete assignments and to prepare for exams was challenging, so alternative arrangements were needed. Hindered by poor staffing levels and unfavourable rostering meant release for study was not readily accessed for eight of the nurses in this study, forcing them to negotiate with colleagues for shift changes or with management to use annual leave for their study. Anecdotal evidence indicates the use of annual leave for PGS is very common, and is comparable with the findings from other research in UK (Barriball & While, 1996; Gerrish, et al, 2003), Australia (Johnson & Copnell, 2002), and NZ (Barnhill, et al, 2012; Spence, 2004a). For the remaining RNs in this research, they described having no problem accessing leave and stated they were generally well supported by their management.

5.5 Study concerns

As noted by Cooley (2008), an obstacle for nurses returning to study was the feeling of inadequacy relative their academic ability. Six of these nurses described the uncertainty they had when they began their study, feeling that PGS would be beyond them, but supported by colleagues and friends who had already completed PG education. They identified other concerns such as unfamiliarity with computer usage - other than knowing the basics, and professed no knowledge of academic processes, as these nurses had either gained their nursing registration with a Hospital Certificate, or a Nursing Diploma. Although all interviewees stated they were daunted by the prospect of the study journey they were embarking on, they managed

this based largely on the resources available. To overcome their doubts, they spoke to colleagues and sought advice from those who had already completed PG education, some enrolled in papers at a lower level to introduce themselves to the academic environment, or they enrolled in introduction to study courses. For those nurses who had been registered for more than ten years they lacked computer literacy required for academic study, so taught themselves the required computer skills while they studied. All these nurses had access to computers, either at home shared with family or at work, but they lacked research skills, knowledge of document formatting, and were unfamiliar with referencing styles. Helen described the anxiety she experienced when she commenced her PG journey resulting from her inability to use a computer. After initially handwriting assignments she was forced to learn when she was told her work would no longer be accepted in this format. The interviewees who had studied more recently had greater computer literacy, but required support in areas such as referencing and literature searches. All the nurses recognised the value of improved computer capability and new research skills, stating they were able to provide evidence for practice changes, and policy development.

Poor communication with the study facility was highlighted as a concern for six (50%) interviewees. They were disappointed in the inconsistency of their feedback and marks; while being unable to receive a conclusive response from her supervisor concerning her thesis proposal requirements led Grace to be so stressed she considered withdrawing from the Masters programme. Further frustrations included disparities in the marks and feedback on assignments, out of date website links, poorly presented assignment instructions, limited clarification when requested and limited response to emailed enquiries from course leaders and supervisors. The two

nurses who completed their PGS through two different facilities reflected on the differences in their experiences, stating that they felt the courses offered were not considerate of the needs of the part-time nurse students.

The nurses who were enrolled as distance students at universities in other parts of NZ completed the majority of their study online, so being computer proficient was essential. Research shows that offering on-line PG education for nurses is becoming more common (Clarke & James, 1997; Honey, 2004) as this method provides flexibility for access, and is more economical for the study facilities, but not all adults are comfortable with this style of engagement. Distance study suited the more recently qualified nurses as they could integrate their study with their work schedules and to some extent, manage family time better. The ability to be flexible with her study suited Liz's lifestyle, as she felt well supported by her employer and was encouraged to utilise time and resources at work for her study. Liz explained that she also completed and submitted an assignment while overseas on a family holiday.

For the other nurses who were studying distance, it added unexpected challenges. They described the frustrations associated with participation in group work, explaining that these groups comprised of PG students from other health disciplines from throughout NZ. The use of inter-professional learning can be a valuable for health professionals, due to the exchange of ideas and practice application. Both nurses recognised the benefits of the inter-professional aspect of these papers, but felt total online participation prevented any perceived opportunities for learning from the different disciplines. Group activities were via web-based interaction and complicated by issues relating to coordination of the timing of some of the group activities. The interviewees explained that as not all group members worked rostered

shifts there was limited recognition for those group members who did. Amy explained that to participate in the group activities she needed to use computer applications she had never used before, such as dropbox and Skype; adding to her anxieties was the need to learn fast. Amy and Emily disliked the presumption that all students within the class knew how to use these tools and explained that had they known beforehand they would have been more selective when enrolling. Attempts to rectify these problems with the course leaders added to these frustrations and they felt there was limited support from course leaders to resolve the problems. Attack and Ranking's Canadian research of web-based nurse learning identified dissatisfaction of group work among the nurses (2002). These authors suggested that the lack of the interface engagement prevented use of the visual cues commonly used during discussion. While presuming that adult students have the computer literacy to manage PGS in this manner, without the appropriate support, is an impediment to study, resulting in diminished success for the student and both these nurses felt the extra workload of these papers was not reflected in their results.

Web-based learning has been demonstrated as effective for nurses but ongoing course support is advocated, as this can influence the perception of the learning experience leading to more positive learning outcomes (Attack, 2003). An increasingly prevalent approach to nurse education is blended learning and is described by Bliuc, Goodyear and Ellis (2007) as a "combination of co-present (face-to-face) interactions and technologically-mediated interactions" (p242). While research recognises the convenience, flexibility and economics of the online element, balancing this with face-to-face sessions, such as group assignments, is suggested as it provides opportunities for debate and shared knowledge (Bliuc, et al, 2007; Glogowska, Young, Lockyer & Moule, 2011). The online group assignments

described by Amy and Emily left both nurses frustrated, as both felt they gained little from these papers and although nurses utilise technologies in the workplace, their communication is predominately face-to-face, and these nurses reflected that face-to-face discussion would have improved the group activity assignments. They also felt isolated and unsupported while they struggled with the problems they encountered with the group assignments, suggesting that teachers of web-based learning for nurse education need to be more supportive and aware of the computer skill levels of the student cohort.

Additional irritations identified by these nurses was the use of outdated website links, poorly presented instructions for assignments and limited response from the course leaders, providing the perception that the courses were poorly organised. While this affected a small number of the interviewees, it was an unanticipated obstacle that they were forced to manage independently. For two of the eight nurses in mastersødegree programmes, lack of support from their assigned supervisors was an issue, contributing to suspension of study for one of the nurses while the issues were sorted.

For all the participants, both local campus and distant campus, the most valuable university support was provided by the university library services. They described accessing up-to-date on-line research data, having courier delivery of library books, often accompanied by return mail option, and librarian assistance for referencing as being very beneficial. This was a surprise finding from the interviewees as most of their discussion regarding their university engagement highlighted the shortfalls in this aspect of their PGS experience.

5.6 Study Gains

The gains described by all the nurses in this study were defined by their understanding of the bigger picture: in the context of their contribution to their profession, the impact of aging nursing workforce and greater appreciation of the contribution from this sector, greater clarification of the educational needs of younger nurses, better leadership and management abilities, and greater contribution as committee members in workplace planning. The nurses also identified having greater confidence to speak up. They noticed a difference in their professional and personal confidence not previously experienced; explaining their communication style had changed, they reflected more deeply and engaged with other health professionals more knowledgably. These characteristics are identified in international (Gerrish, et al, 2003; Hallinan & Hegarty, 2016) and national (Bennison, 2008; O'Connor, 2012; Spence, 2004b) research as distinctive in RNs following completion of PG education.

5.7 Summary

All the RNs in this research stated their PG journey was worth their efforts. Each of them said the journey was hard at times, but they were empowered by the changes in themselves and in the difference they made in application of their nursing practice. The experiences of these nurses' journeys resonates my personal PG journey, as it does for others who have shared their journeys, anecdotally, with me. RNs working in advanced roles must have completed PGS to meet this change in practice scope, while NPs must have completed clinical masters' as preparation for entry to the NP role, resulting in greater numbers of RNs embarking on the PG journey. The evidence indicates that little has changed since this subject became a focus in nursing

research, as seen in my literature review, indicating that the messages being communicated are not being heard and RNs are continuing to juggle their lives and make sacrifices to participate in PG education.

Chapter 6 – Recommendations, Limitations and

Conclusion

6.1 Recommendations

Further research needs to be undertaken to assess the impact the PG journey has on male RNs. There is negligible reference to male RNs in any of the research reviewed for this study, and no reference to Maori and Pasifika RNs in the NZ research leaving questions surrounding the manner in which these members of the nursing profession manage their PG journey. This is particularly important in the drive to encourage Maori, Pasifika and males to enter the nursing profession.

Further research of RNs from a different location in NZ, with consideration to the urban ó rural element would also be beneficial. Study institutions offering PG nurse education are clustered predominately in the North Island, with limited locations available in the South Island. Identifying differences and similarities could improve the management of the challenges for the nurses engaged in PGS. The findings from the nurse manager were different from the other nurses in this research; further research is needed to determine if this is consistent with other nurses in the management role.

PG education is the pathway to advanced nurse practice and nurse practitioner accreditation. Funding of this study is a deterrent for some nurses and although there is government funding available through HWNZ, it reaches too few. Excluded from this funding, as already discussed, are RNs employed by non-government funded organisations, but also RNs studying toward PhD, RNs accessing off-shore courses and papers unavailable within NZ (such as Infection Control or Inter-professional

programmes), and RNs working in education or research. An improved funding model needs to be more equitable, accessible and be more inclusive through improved allocation for RN PG education. At present HWNZ only funds clinical masters^o and does not fund other PG education for RNs looking to move into careers in research or education, or RNs studying for a nursing doctorate. Grants and scholarships for nurse education are alternative funding options for nurse education but could be better advertised and be better utilised by RNs who do not meet the HWNZ criteria. Funding from this source proved useful for the RN in this research who accessed it.

There is also a need for nurse employers to be more supportive by releasing RNs for study. Discussion between RNs embarking on PGS and nursing management needs to be informed with the knowledge that study leave is imperative to supporting the RN during the PG journey and that the RN can rely on being released for study leave. Further, management could be more supportive of RNs on completion of their study and provide better recognition of the value of PG education in the clinical environment.

Institutions providing PG education for nurses need more flexibility in the planning of programme schedules. At present these schedules concentrate the academic workload within the semesters to meet the needs of the full-time student. As this research demonstrates RNs study part-time while working, therefore providing greater flexibility of learning would be beneficial to RNs integrating PGS into their already busy lives. The heavy workload for these nurses was a concern for all the nurses interviewed. While the nurses need to plan their study load there must be better support from their study facilities, with recognition of their shift work

obligations. The nurses in this research called for more support by supervisors through better response to questions and requests for assistance, they expected their supervisors to understand the research application process and to guide them through this. Study institutions need to prepare staff members taking the supervisory role and support them to manage this process appropriately.

As blended learning becomes more universal in PG nurse education, there is a need for careful planning and design of programmes to ensure the balance is appropriate to engage the nurse students without distress. Support is required for nurses embarking on PGS to prepare them for academic study. Support for academic writing, study skills, understanding assignments, construction and formatting of computer writing, and research skills and referencing styles are essential to ease the transition to PG learning.

As the aging workforce of RNs retires, there are greater numbers of younger RNs embarking on PGS. Being users of technology they bringing a different perspective to its use, possibly requiring different supports to integrate PGS with work and family. This element requires ongoing consideration and further research to ensure these RNs needs are met appropriately.

6.2 Limitations

There several potential limitations of this research that require discussion. An initial limitation is that this study used a small convenience sample of twelve female RNs employed in a single geographical location, by different organisations, but working in a variety of nursing specialties and roles. The nurses interviewed for this research were all located in Christchurch, and were selected for ease of access for face-to-face interviews by the researcher. This should be considered when considering the generalisability of the research results, especially when considering the composition of the nursing workforce.

Another limitation is that there were no males participating in this research, so I was unable to provide data on this portion of the nursing workforce. Given that 8% of the RN work force in NZ are male (NCNZ, 2015), and there are increasing efforts to encourage males to join the nursing profession, it would be useful to be able to compare data regarding their management of integrating PGS with their work/family commitments.

A further limitation is that none of the RNs who participated in this study identified as Maori or Pasifika. Given the diversity of the NZ population and the nursing workforce, Maori and Pasifika are poorly represented (NCNZ, 2015) with 6% Maori and 3% Pasifika identified in NCNZ statistics. The changing demographic structure of New Zealand and the increasing demand for Maori health professionals has been identified by Ministry of Health (2017) as a national health strategy to address this deficit. Research into this sector of the nursing workforce could potentially enhance the recruitment of young Maori and Pasifika into the nursing profession.

My own experiences as a RN working while studying PG education part-time could be considered both a strength and a limitation. My experiences provided me with insight into the potential struggles that may occur when integrating this level of study with work and family. As an active participant I cannot always know if I am influencing the participants' interview responses. Efforts to minimise this effect were through self-reflection, and reflection and discussion with my supervisor. Sword (1999) states that prior experiences and knowledge can influence the analysis and interpretation of the data, and that being aware of this the researcher is in a better position to retain the participants' meanings. An additional limitation of this research is that some of the interviewees had knowledge of me through my membership of a national, professional committee. I had never worked, either in clinical or within the national body with any of these RNs, so the only prior knowledge they had was to identify me as a committee member and a registered nurse.

6.3 Conclusion

This research study has provided deep and meaningful research-based evidence in the form of a descriptive study to investigate the experiences of RNs who participate in PG education while working. This study has focused on the challenges, supports and time management issues RNs must negotiate to achieve the PG qualification. This research will add to pre-existing NZ research which focuses on the benefits of PG education in nursing practice, and it provides recommendations to improve the supports for nurses who integrate study with their work and family.

PG education is gaining momentum in NZ, and thousands of RNs now have a clinical master's degree. Pre-existing NZ and international research has highlighted the benefits PG education brings for RNs working in advanced nursing roles. In NZ, new expanded scopes of practice for RNs require nurses to have achieved a PG qualification to meet the accreditation criteria. To achieve this, RNs engage in part-time study while working, sacrificing aspects of their lives to ensure they maintain some degree of balance. PGS requires nurses to work within tight time constraints set by the academic facilities while they continue to work rostered shifts, often in extremely busy environments. The participants in this research have shared their experiences and insights in the hope that their stories can highlight the problems they encountered and the effects these problems had on their lives while they studied.

Findings from this study show that nurses are motivated to participate in PG education, but they struggled with the unanticipated challenges of their study. Lack of knowledge of the academic processes was a particular concern. As RNs are generally in the workforce for a number of years before they undertake PG education, there was a high degree of anxiety attached to their return to study. This

was exacerbated by their limited computer literacy, poor support from course supervisors, and lack of understanding of the academic processes. The commitment required for PGS compels nurses to reassess their responsibilities; work and family responsibilities must be renegotiated but their social networks suffer. Meeting course requirements has to be a priority to ensure they achieve their study objective.

Another key finding was the limited support for their study leave. Study leave is covered financially by HWNZ for RNs meeting this agency's funding criteria, but hindered by limited staff to cover; study leave was not always available. To gain the leave they required, the nurses sacrifice their annual leave, further reducing their family time. Nurses employed by non-government funded organisations are unable to gain access to HWNZ funding for PG education and have to seek alternative funding, or self-fund their PGS. A survey by Carryer (2016) found a large percentage of nurses self-fund some portion, or all of their PGS, reflecting a finding in this research. Funding was a high priority for these nurses due to the high costs of some of their compulsory papers, compounded by the fact that there is no financial recognition for their PG qualifications.

Of particular concern was the degree of sleep deprivation the nurses identified. Sleep deprivation and the associated fatigue levels are well researched and link to practice errors; sometimes leading to avoidable sentinel events. Personal cost is high for RNs during their PGS and to mitigate this cost the nurses found support from family, friends, and colleagues.

Findings from this research have implications for RNs, nurse employers, and nurse educators. HWNZ is at present in the process of a review of the funding process for education of health professionals. The appropriate support mechanisms must be

provided to enable these advanced and specialty nurses to utilise their knowledge and skills. PG education will provide these nurses with the ability to meet the challenges and opportunities offered in advanced nursing roles and encourage them to undertake and publish research while they continue to develop their nursing roles and careers.

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HUMAN ETHICS COMMITTEE
Secretary, Lynda Griffioen

Email: human-ethics@canterbury.ac.nz

Ref: HEC 2014/81

28 August 2014

Janice Groube
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Janice

The Human Ethics Committee advises that your research proposal 'Experiences of registered nurses who work while undertaking study to achieve a postgraduate qualification' has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 25 August 2014.

Best wishes for your project.

Yours sincerely



Lindsey MacDonald
Chair
University of Canterbury Human Ethics Committee

Letter to the Editor Kai Tiaki

Taking part in research study

I would like to invite nurses in Christchurch, NZ to participate in research examining the experiences of registered nurses who study at postgraduate level part-time while working in clinical practice; postgraduate being formal education at level 800, or above.

Specifically, this research will explore the views and experiences of registered nurses who study at postgraduate level part-time to achieve a postgraduate qualification while working, in the context of their individual experiences. The aim of this research is to inform us about what motivates registered nurses (RN) to engage in post graduate study while working; support provided by the workplace (organisation and peers) for RNs involved in postgraduate study while working; the impact of postgraduate nursing education on clinical practice; and the relevance of postgraduate study choice to individual practice. To meet the inclusion criteria RNs will have previously studied and completed a postgraduate qualification or are currently participating in postgraduate study and have done so for at least 12 months or longer. Participation will involve being interviewed by the researcher.

This research is being supervised by Dr Jeffery Gage of University of Canterbury and has been reviewed and approved by the School of Health Sciences, University of Canterbury.

Feel free to email me at janice.groube@pg.canterbury.ac.nz for more information or to participate in this research.

Janice Groube, Mastersøstudent,
University of Canterbury, Christchurch.

Telephone: +64 3 272283351

Email: janice.groube@pg.canterbury.ac.nz

Information Sheet for participants of research study.

Experiences of registered nurses who work while undertaking study to achieve a postgraduate qualification

Janice Groube

School of Health Sciences

The purpose of this research is to explore the experiences of registered nurses (RN) who study at postgraduate level part-time while working. Postgraduate (PG) study includes PG Certificate, PG diploma, Masters Degree or PhD. Areas of interest include, for example, support provided by the workplace (organisation and peers) for RNs involved in postgraduate study while working; the impact of postgraduate nursing education on clinical practice; and the relevance of postgraduate study choice to practice.

You are invited to participate in an audio-recorded interview as part of research. Your involvement in this project will involve you sharing with me your experiences as a RN undertaking postgraduate study while working. These conversations, taking approximately one hour, will be audio-recorded, then transcribed for analysis by the researcher.

Involvement in this research involves no identifiable risks. Participation is voluntary and you have the right to withdraw at any stage without penalty. If you withdraw, all information relating to you will be removed at any stage, unless the analysis of all the data has begun.

To ensure participant anonymity and confidentiality, the recorded interview data and transcriptions will be stored on the researcher's password protected computer, with a back-up digital copy stored in a locked cabinet at University of Canterbury along with any written information, such as consent forms. Names of neither participants nor employers will be used in the research. If you are requesting a summary of the research findings and providing your contact details, these details will be stored separately from the research data. Access to the data will be confined to the research, the two research supervisors and the interview transcriber. The final thesis is a public document and will be available through the UC Library.

The results of the project may be published in academic and professional journals and presented at professional conferences, but you may be assured of the complete confidentiality of data gathered in this investigation.

As a follow-up to this investigation, you will be given the option of reviewing your transcribed information for any deletion, correction, or further inclusion of information.

The project is being carried out as a requirement for completion of Masters Degree by Janice Groube under the supervision of Dr. Jeffrey Gage, who can be contacted at jeffrey.gage@canterbury.ac.nz.

This project has been reviewed and approved by the University of Canterbury Educational Research Ethics Committee, and participants should address any complaints to

The Chair,

Human Ethics Committee, University of Canterbury,

Private Bag 4800, Christchurch

(human-ethics@canterbury.ac.nz)

If you have any concerns at all about this research you may seek advice from

Independent Health and Disability Advocate

Phone: 0800 555 050

Email: advocacy@hdc.org.nz

If you agree to participate in the study please complete the consent form provided.

If you would like to receive a summary of the research findings please provide your contact details on the consent form.

Consent for Research Participants



Experiences of registered nurses who work while undertaking study
to achieve a postgraduate qualification

I have been given a full explanation of this project and have had the opportunity to ask questions. I know what is required of me if I agree to take part in the research.

I understand that I can contact the researcher, Janice
(janice.groube@pg.canterbury.ac.nz), or her supervisor, Dr Gage
(Jeffrey.gage@canterbury.ac.nz) for further information.

If I have any complaints, I can contact the Chair of the University of Canterbury
Human Ethics Committee, Private Bag 4800, Christchurch.

(human-ethics@canterbury.ac.nz)

This research has been reviewed and approved by the School of Health Sciences,
University of Canterbury.

By signing below, I agree to participate in this research project.

Name:

Date:

Signature:

If you would like to receive a copy of your interview transcript or a summary of the research
results please indicate by including your contact details below.

Name:

Address:

Email Address:

Transcript: Y / N

Summary of Findings: Y / N



REGISTERED NURSES

- Are you studying part-time towards a postgraduate (PG) qualification, such as PG certificate or diploma or Masters Degree, while working?
- Are you interested in sharing your experiences?
- Would you like to participate in research that focuses on the experiences of nurses who do this?
- If you are interested in participating or would like more information contact Janice at University of Canterbury

janice.groube@pg.canterbury.ac.nz

School of Health Sciences



Transcription Confidentiality Agreement

Experiences of registered nurses who continue to work while studying for a postgraduate qualification.

Researcher: Janice Groube, Masters Student, School of Health Sciences, University of Canterbury.

Phone 027 2283351

Email: janice.groube@pg.canterbury.ac.nz

I, _____, transcriber, agree to maintain full confidentiality in regards to any and all audiotapes and documentation received from Janice Groube related to her thesis study.

- I understand that I will be hearing and typing data from interviews which are confidential to me and researcher, Janice Groube.
- I will not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by Janice Groube.
- I agree to maintain confidentiality of these data while in my care and to return all files and documents pertaining to this study to Janice Groube when transcription is complete.
- I will delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

Transcriber's Name (printed) _____

Transcriber's signature _____

Date _____

Interview question guide:

- What qualification as nurse? BN, etc
- How long registered?
- What motivated PG study?
- Reason for choosing study location?
- Why choose study at time commenced?
- Reason for part time study?
- What PG qualification chosen & why?
- What hours worked while studying?
- Access to lectures/tutorials/study time for exams, assignments, etc?
- What supports available?
 - * Why?
 - * Who?
 - * Where from?
 - * What accessed?
- Barriers?
- Regrets?
- What worked best?
- What changes would you make if able?
- Gains from study?
- Future objectives of study?